

Use this form to request modifications to an existing program. Please check all that apply. This request requires EPC approval, Board of Trustees approval and may, in the cases of change of program length or significant modification of program content, require SACSCOC notification or approval. For most actions, please allow at least one full semester to complete these processes when planning. For substantial changes to length or program content, please allow one full year prior to implementation. When complete, please submit one electronic copy of this request to

| When complete, please submit one electronic copy of this request to |
|---|
| Date |
| |
| Submitting Department |
| |
| Submitting School |
| |
| Academic Program (Degree) to be Modified |
| |
| Proposed Catalog Implementation Term and Year |
| |
| Academic Program Level (Please select only one) |

| es to admissions and graduation requirements. |
|--|
| |
| |
| |
| |
| |
| |
| |
| ow the impact this modification will have on student learning outcomes and academic program. |
| |
| |
| |
| |
| |
| |
| |
| |

Please explain your process for ensuring that any new courses meet the required number of contact and outside hours to satis testor. In state (\$100), and \$100), and \$100). The state (\$100), and \$100), and \$100). The state (\$100), and \$100), and \$100), and \$100), and \$100). The state (\$100), and \$100), and \$

| Please describe the impact you hope this change or these changes will have on your program; please also describe the benchmarks you will use to evaluate the success of this change/ these changes. | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| School / College Curriculum Committee | | |
|---------------------------------------|--|--|
| | | |
| College or School Dean | | |
| | | |
| Educational Programs Committee | | |
| | | |