CURRICULUM FORM NUMBER 3
CHICAGO STATE UNIVERSITY OFFICE OF ACADEMIC AFFAIRS
PROGRAM CHANGE

This form must accompany all proposals for new programs, any changes in existing program requirements, and all RME requests. Please attach Curriculum Form #4 as well as any additional documentation in support of the proposal. The Chairperson of the originating department will be responsible for ensuring that all signatures and all relevant committees have reviewed the proposal prior to its submission to the Office of Academic Affairs (see Instructions for completing Curriculum Forms 3 & 4 online and the Appendix of the Curriculum Handbook, revised 2017). **NOTE: This form will not be complete without attaching Curriculum Form Number 4. If the proposed program change includes a course change, please include Forms 1 & 2 as needed).**

DEGREE: _____ MAJOR: _____ SPECIALIZATION: _____
(B.A., B.S., M.A., PH.D.) (Full Title) (Concentration, Emphasis, Certificate)

DEPARTMENT: _____ CHAIRPERSON: _____ DATE: _____

PLEASE CHECK ONE: ADDITION _____ DELETION _____ CHANGE _____ SUSPENSION _____

1. Approved by the appropriate academic department: _____ _____
Signature Date

2. New CIP Code assigned: _____ (if applicable): _____ _____
Signature Date

3. Reviewed and recommended by the appropriate CCC(s): _____ _____
Signature Date

_____ _____ _____
(CCC, CTE as needed) Signature Date

4. Approved by the appropriate college dean(s): _____ _____
Signature Date

_____ _____ _____
Signature Date

5. Approved by the General Education Committee (if applicable): _____ _____
Signature Date

6. Approved by the Graduate Council (if applicable): _____ _____
Signature Date

7. Approved by the Distance Education Committee (if applicable): _____ _____
Signature Date

8. Approved by the University Curriculum Committee (if applicable): _____ _____
Signature Date

9. Approved by the Office of Academic Affairs: _____ _____
Signature Date

NOTES:

Internal Routing: (Signature and Date of Effective Action)

Registrar: _____ _____ (major code assigned)
Course Scheduling: _____ _____ (entered BANNER)
Catalogue Entry: _____ _____ (entered catalogue)
Evaluations: _____ _____ (CAPP/Grad Office)
Academic Advising: _____ _____ (notification sent)
Admissions: _____ _____ (notification sent)

Distribution List: (Copied on Action)

Chairperson(s) Academic Advising
Dean(s) Records and Registration
Course Scheduling Evaluations
Academic Advising Faculty Senate
UCCC ***Revised: January 15, 2017***
Effective: February 15, 2017