**Program of Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Associate\_\_\_\_\_\_\_\_Certificate\_\_\_\_\_\_\_\_ Dept:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact(Dept.** **Chair)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Curriculum Committee Date:**\_\_\_\_\_\_\_\_\_

Please submit the following form when requesting a change to a plan of study.

**Please Note:** a program modification, which alters more than 15 credits from the original system approved program, requires a formal proposal to be submitted to the Board of Trustees.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CURRENT (include all courses in current plan of study)** | | | **ADD+/ CHANGE/ DELETE** | **PROPOSED (include all courses in proposed plan of study)** *For Academic Yr\_\_\_\_\_\_\_\_\_\_\_\_* | | |
| CR # | Course Description | Credit |  | CR # | Course Description | Credit |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **GRAND TOTAL** |  |  |  | **Grand Total** |  |

***+If an added course is new to the college, please indicate with an (N) next to the course name***

**Comments:**