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:
__________________________________________
__________________________________________
____________________________________________
____________________________________________
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____________________________________________

Internal Routing: (Signature and Date of Effective Action)

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