

**UNIVERSITY OF MICHIGAN-FLINT**  
**PROGRAM CHANGE REQUEST**

**\*\*\* The proposed change is not effective until all appropriate reviews have been completed\*\*\***

<b>Effective Fall Term (year):</b> <i>(*cannot be earlier than the next published catalog)</i>	<b>School/College:</b> <b>Department:</b>
<b>Full Program Title:</b> <b>Abbreviated Program Title (if full title is longer than 30 characters):</b>	<b>Check all that apply:</b> <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Concentration <input type="checkbox"/> Track
<b>Degree: (Bachelor of Arts, Bachelor of Science, etc)</b>	<b>Number of Credit Hours Required for degree:</b>
<b>Minimum GPA Requirement for Degree:</b>	<b>Level:</b> <input type="checkbox"/> Undergraduate (UG) / <input type="checkbox"/> Graduate (GR)
<b>If this is an interdisciplinary program which student populations will be affected:</b> <input type="checkbox"/> Own <input type="checkbox"/> Other units (please specify):	<b>CIP Code:</b>

**Required for ALL Change Requests:**

REVIEWER/APPROVER	REVIEW/APPROVAL DATE	APPROVER'S SIGNATURE
Department/Program of Proposed Origin.....	_____	_____ <i>Chair/Director</i>
<i>(Only if Joint Program)</i> .....	_____	_____ <i>Chair/Director</i>
College/School .....	_____	_____ <i>Dean</i>
Krista Hansen, Catalog Editor .....	_____	_____ <i>Krista Hansen</i>
Graduate Program Committee .....	_____	_____ <i>Senior Vice Provost</i>
<i>(Required only if new graduate program)</i>		

**May be required depending on the nature of program change request:**

REVIEWER/APPROVER	REVIEW/APPROVAL DATE	APPROVER'S SIGNATURE
Academic Affairs Advisory Committee (AAAC) .....	_____	_____ <i>Provost (following Committee approval)</i>
Faculty Council <i>(for information only)</i> .....	_____	
Chancellor's Advisory Committee for Budget and Strategic Planning (CAC/BSP) .....	_____	_____ <i>Chancellor (following Committee approval)</i>
Presidents Council .....	_____	

**Summary of the Proposed Change (please attached a copy of the proposal and supporting documents showing Governing faculty approval):**

**Rationale for the Proposed Change (if the change is mandated by external entities, please provide associated documents):**

**Original: Catalog Coordinator/Registrar's Office**

**Copies: Academic Advising and Career Center  
Director/Institutional Analysis**

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