

SWTJC Program Change Form

NEW
 REVISION
 INACTIVATION
 REACTIVATION

Requested by: Date:

Instructional Department:

Program Title (as it will appear in catalog):

Major Code (registrar): CIP Code (xx.xxxx)

Type of Program: Academic Technical Workforce Education

When will this new program begin? Term: Year

Describe program addition/revision:

	<u>Administrator</u>	<u>Initial</u>	<u>Date</u>
<input type="checkbox"/> A needs assessment performed.	Dean	_____	_____
<input type="checkbox"/> There is a need for the program.	VP of Academic Affairs	_____	_____
<input type="checkbox"/> A program coordinator is assigned.	VP of Academic Affairs	_____	_____
<input type="checkbox"/> SACS Substantive change addressed.	VP of Academic Affairs	_____	_____
<input type="checkbox"/> An approved budget is attached.	VP of Academic Affairs	_____	_____
<input type="checkbox"/> The THECB application is attached.	Dean	_____	_____
<input type="checkbox"/> Catalog changes are attached.	Dean	_____	_____

Comments: