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| For Academic Affairs and Research Use Only |
| Proposal Number |  |
| CIP Code:  |  |
| Degree Code: |  |

**Curriculum Revision of Existing Certificate or Degree Program FORM**

**(More than a 50% change in the program map)**

(Also requires Arkansas Department of Higher Education (ADHE) approval)

**[ ] Undergraduate Curriculum Council**

**[ ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

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**Department Curriculum Committee Chair** |

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**COPE Chair (if applicable)** |
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**Department Chair** |

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**Head of Unit (if applicable)**   |
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**College Curriculum Committee Chair** |

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**Undergraduate Curriculum Council Chair** |
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**College Dean** |

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**Graduate Curriculum Committee Chair** |
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**General Education Committee Chair (if applicable)**   |

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**Vice Chancellor for Academic Affairs** |

1. **Contact Person** (Name, Email Address, Phone Number)

Enter text...

1. **Title of certificate/degree program:**

Enter text...

1. **Effective Date:**

Enter text...

1. **Reason for proposed change:**

Enter text...

1. **Provide current and proposed curriculum outline.** (Indicate total credit hours for current certificate/degree and total credit hours for revised certificate/degree.)

Enter text...

**Bulletin Changes**

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| **Instructions**  |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Please include a before (with changed areas highlighted) and after of all affected sections.** **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.**  |

Paste bulletin pages here...