



# WILLISTON STATE COLLEGE

## NEW PROGRAM/PROGRAM CHANGE/PROGRAM DELETION FORM

<input type="checkbox"/> PROGRAM CHANGE REQUEST			<input type="checkbox"/> PROGRAM DELETION REQUEST			<input type="checkbox"/> PROGRAM ADDITION REQUEST		
TITLE OF PROGRAM					TOTAL CREDITS			
UPDATED SEP INCLUDED   Y <input type="checkbox"/> N <input type="checkbox"/>								
CIP CODE			POG INCLUDED   Y <input type="checkbox"/> N <input type="checkbox"/>			REQUIRES ADMISSION   Y <input type="checkbox"/> N <input type="checkbox"/>		
TYPE OF DEGREE <input type="checkbox"/> PROGRAM <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERT OF COMPLETION								
TERM & YEAR OF IMPLEMENTATION   FALL 20__   SPRING 20__   SUMMER 20__								
REQUESTER					DATE		DEPART	
PHONE					EMAIL			

**JUSTIFICATION FOR NEW PROGRAM, PROGRAM CHANGE, OR DELETION**

**DESCRIPTION OF NEW PROGRAM OR PROGRAM CHANGE (CHECK ALL TO BE IMPACTED & ADDRESSED BELOW)**

<input type="checkbox"/> ACCREDITATION	<input type="checkbox"/> COURSE DELETIONS	<input type="checkbox"/> GRADUATION REQ'S	<input type="checkbox"/> NAME CHANGE
<input type="checkbox"/> ARTICULATION AGREEMENTS	<input type="checkbox"/> FACILITIES/EQUIPMENT	<input type="checkbox"/> IMPACT ON CONT. STUDENTS	<input type="checkbox"/> PRE/CO REQUISITE CONSIDERATIONS
<input type="checkbox"/> COURSE ADDITIONS	<input type="checkbox"/> FACULTY IMPACT	<input type="checkbox"/> MODIFICATIONS	
<input type="checkbox"/> OTHER COURSE IMPACT (EXPLAIN BRIEFLY)			
<input type="checkbox"/> OTHER PROGRAM IMPACT (EXPLAIN BRIEFLY)			

**RECOMMENDATION (SIGNATURE IMPLIES PERSON AGREES WITH THIS RECOMMENDATION)**

	SIGNATURE	DATE
PROGRAM COORDINATOR		
DEPARTMENT CHAIR		
CURRICULUM CHAIR		



# WILLISTON STATE COLLEGE

## NEW PROGRAM/PROGRAM CHANGE/PROGRAM DELETION FORM (CONTINUED)

COMMITTEE ACTION	
FIRST READING <input type="checkbox"/>	SECOND READING <input type="checkbox"/> THIRD READING <input type="checkbox"/> APPROVED <input type="checkbox"/> UNAPPROVED <input type="checkbox"/>
CURRICULUM CHAIR SIGNATURE	DATE

FOR OFFICE USE ONLY (APPROVAL/PUBLICATION PROCESS)		
	SIGNATURE	DATE
APPROVED BY <b>VP FOR ACADEMIC AFFAIRS</b> (BUDGET CONSIDERATION)		
<b>REGISTRAR</b> UPDATED PEOPLESOFT		
<b>EXEC. ASSIST. FOR ACADEMIC AFFAIRS</b> (WEBSITE & CATALOG UPDATES)		

FURTHER APPROVAL	
	DATE
APPROVED BY <b>ACADEMIC AFFAIRS COMMITTEE</b>	
<b>CONDITIONS (IF ANY) ATTACHED AND/OR EXPLAINED:</b>	