



3. Describe any impact on students' completion of the degree.

4. Describe any effect the changes may have on other programs.

5. Indicate the effect date of the changes.

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**APPROVAL:**

Signature of Dean of School responsible: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Faculty Senate President: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provost: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_