## Saint Louis University, College of Arts and Sciences

## CURRICULAR CHANGE FORM FOR EXISTING PROGRAMS

<u>APPROVALS</u>				
6. Please provide the following attach A) A description of the current require B) A description of the requirements f C) A brief justification of the proposed D) A list of places in the college bulle those locations.	ements of the progrow aft d change; tin that should be a	er the change; revised with this cha		
5. Brief description of the proposed ch	nange			
4. Academic Semester to be effective				
3. Action to be taken  Modify a major  Delete a major	Modify a minor Delete a minor		Modify a certificate Delete a certificate	
2. Program to be modified -				
Please fill in the appropriate response.  1. Controlling department –				

The completed form should be submitted electronically to FC-UndergradCurriculumCommittee@slu.edu. The curriculum committee only accepts proposals from departments or programs, not from individual faculty members. Approval of the chair or program director is indicated by copying that person on the submission e-mail and including in the body of the e-mail the text:

This proposal is submitted with the approval of the (Name of department or program) and (name of chair or program director) is copied on this submission.

Rev. 10.5.14

## CURRICULAR CHANGE FORM SUPPLEMENT

1.	What impact will the change have on course offerings?
2.	How will other departments and programs be affected?
3.	How will this change affect the departmental budget?

4. How will the change affect the enrollment in the program?				
5. What other programs will be substantially affected by the curricular change? (support or concern from chairs of related and affected programs.)	Include letters of			