**COSMETIC PROGRAM CHANGE**

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| Department Initiating Proposal  | Date  |
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|  |  |  |
| --- | --- | --- |
| Title | Signature | Date |
| Department Head |  |  |
| Dean |  |  |

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| **PROGRAM TITLE:**  |
| Outline change in program: (reorganization of courses listed in matrix, adding a footnote to a course, adding or deleting a course from a list, etc.) |
| Answer the following Assessment questions:1. If this course is mandated by an accrediting or certifying agency, include the directive. If not, state not applicable.
2. Explain the rationale for the cosmetic course change.
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| If this course will affect other departments, a Departmental Support Form for each affected department must be attached. The form is located on the Curriculum forms web page at <http://www.atu.edu/registrar/curriculum_forms.php>.  |

In the attached matrix, include requested changes in the matrix and include course number and title.

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| Curriculum Matrix for CatalogCurriculum in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(enter title for program changing ) |
| Freshman Fall SemesterAdd/Change:Delete:Total Hours: | Freshman Spring SemesterAdd/Change:Delete:Total Hours: |
| Sophomore Fall SemesterAdd/Change:Delete:Total Hours: | Sophomore Spring SemesterAdd/Change:Delete:Total Hours: |
| Junior Fall SemesterAdd/Change:Delete:Total Hours: | Junior Spring SemesterAdd/Change:Delete:Total Hours: |
| Senior Fall SemesterAdd/Change:Delete:Total Hours: | Senior Spring SemesterAdd/Change:Delete:Total Hours: |
| Total Program Hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |