

**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. |
| 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 Catalog  Curriculum in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (enter title for program changing ) | |
| Freshman Fall Semester  Add/Change:  Delete:  Total Hours: | Freshman Spring Semester  Add/Change:  Delete:  Total Hours: |
| Sophomore Fall Semester  Add/Change:  Delete:  Total Hours: | Sophomore Spring Semester  Add/Change:  Delete:  Total Hours: |
| Junior Fall Semester  Add/Change:  Delete:  Total Hours: | Junior Spring Semester  Add/Change:  Delete:  Total Hours: |
| Senior Fall Semester  Add/Change:  Delete:  Total Hours: | Senior Spring Semester  Add/Change:  Delete:  Total Hours: |
| Total Program Hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |