

**PROGRAM CHANGE FORM**

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| **Originator(s):** |  |
| **Date:** |  |
| **Name of Program:** |  |

***If this is a transfer program, consult with Sarah McElroy, Ex. Director-Articulation/Transfer Resources*** [smcelroy@brookdalecc.edu](mailto:smcelroy@brookdalecc.edu)

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| **Describe changes in detail\***:  **\*Attach a copy of the revised** [**catalog**](http://catalog.brookdalecc.edu/) **page. Include all changes.** |
| **What is the rationale for proposed changes? Include information on how the changes will impact current matriculated students.** |
| **What is the proposed effective date?** |
| **Is the program offered fully online or at another location/branch campus?** |
| **If yes, do the proposed changes impact the modality or location?** |

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| **Approvals/review** | |
| **Department Chair** | **Date** |
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| **Institute Dean** | **Date** |
|  |  |
| **Counselor** | **Date** |
|  |  |
| **Reviewed by Institute Administrator** | **Date** |

\*Email form and send hard copy with signatures to [ekruijssen@brookdalecc.edu](mailto:ekruijssen@brookdalecc.edu)

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| **Reviewed by Institute Deans** | | **Date** |
| **Academic Council** | | **Date** |
|  | |  |
| **General Education (if applicable)** | | **Date** |
|  | |  |
| **Vice President for Learning** | | **Date** |
| **Registrar** | | **Date** |
|  | ***Effective term:*** | ***Effective catalog:*** |
| **President** | | **Date** |