

PROGRAM CHANGE FORM
WAGNER COLLEGE ACADEMIC POLICY COMMITTEE

Department/Program: _____ **Date:** _____

Chair/Faculty Contact: _____

Action Requested: Change to FYP Change to Major New Major
 Change to ILC Change to Minor New Minor
 Change to SLC
 Other _____

Please provide the following information for the APC Committee:

Current Program Title: _____

Current Program Units/Credits: _____

State the change you are seeking and the reason your department/program seeks this action:

Proposed Program Title (maximum 24 characters): _____

Proposed Program Units/Credits: _____

Current program description as it appears in the bulletin:

Proposed program description as it would appear in the bulletin:

Rationale for proposed change:

Are any additional faculty required for this program? Please explain in either case.

Are any additional resources needed for this program? (*e.g.- unusual equipment, specialized space, library subscriptions, software, etc.*) Please explain.

Impacts courses/programs outside our department:

Do these changes need to be submitted to accreditors or the state?

