**MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE**

## PROGRAM MODIFICATION

**\*Remove all instructions that are in red prior to submitting**

|  |  |  |  |
| --- | --- | --- | --- |
| Submitted By: | Click to enter your name | Date: | Click arrow for date picker |
| Campus: | Select your Campus | Phone: | Click to enter phone # |
| Program Name: | Click or tap here to enter text. | | |
| Program Degree: | Choose Program Degree. | | |
| Division: | Choose a Division. | | |

**Modification Effective Date:** **(Make sure you consider students who area already enrolled in the program when selecting the modification term)** Choose a term.

**Rationale: Why is this request being made?**

Click or tap here to enter text.

**What is Changing? Please fill out completely/check the box for what is changing**

**Program Name:**

**Current Name:**Click or tap here to enter text.

**Proposed Name:** Click or tap here to enter text.

**Change Credit Length :**

**Current:** Click or tap here to enter text.

**Proposed:** Click or tap here to enter text.

**Is a credit exemption waiver needed?  Yes  No**

**Change Program Location:**

**Current Location:** Select your Campus

**Proposed Location(s):** Select your Campus

**Program Description:**

**This will be published in catalog and published on website EXACTLY as written here:**

**Current:** Click or tap here to enter text.

**Proposed:** Click or tap here to enter text.

**Program Learning Outcomes: Required if not already established**

**Current:**Click or tap here to enter text.

**Proposed:** Click or tap here to enter text.

**Program Curriculum Changes:**

**List New courses to be added to the program :**Click or tap here to enter text.

**List existing courses to be added to the program:** Click or tap here to enter text.

**List existing courses to be dropped from the program:** Click or tap here to enter text.

**Other Changes:**

Click or tap here to enter text.

**Explain how this proposal will affect other departments/programs.**

Submit Program Modification paperwork if necessary.

Click or tap here to enter text.

**Explain how this proposal will affect existing articulation agreements.**

Click or tap here to enter text.

Submission Checklist:

Submit a copy of the current program curriculum page from the website with changes noted that help clarify these changes.

I have researched the effect of the proposal on other programs and articulation agreements

**Signatures:**

**Please send to the Academic Affairs Coordinator to route thru DocuSign for signatures**

|  |  |  |
| --- | --- | --- |
| **Personnel** | **Signature** | **Date** |
| Faculty: |  |  |
| Department Head: (if TPT faculty) |  |  |
| Academic Affairs Coordinator: |  |  |
| Academic Dean: |  |  |
| Division Chair: |  |  |
| Advisory Committee: (if applicable)  Liberal Arts Transfer Pathway Committee Chair: (If applicable)  Provost (only TPT need this step |  |  |
| Academic Affairs & Standards Council Chair: |  |  |

Comments: Click or tap here to enter text.

Revised Date: Click or tap to enter a date.