



# WILLISTON STATE COLLEGE

## PROGRAM CHANGE/DELETE/ADDITION FORM

<input type="checkbox"/> PROGRAM CHANGE REQUEST		<input type="checkbox"/> PROGRAM DELETION REQUEST		<input type="checkbox"/> PROGRAM ADDITION REQUEST	
TITLE OF PROGRAM				TOTAL CREDITS	
CIP CODE		POG SUBMITTED	Y <input type="checkbox"/> N <input type="checkbox"/>	REQUIRES ADMISSION	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CERTIFICATE	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> CERT OF COMPLETION		
EFF START DATE	FALL 20__	SPRING 20__	SUMMER 20__		
TERM AND YEAR OF REQUESTED IMPLEMENTATION					
CONTACT PERSON			DATE	DEPARTMENT	
EMAIL			PHONE		

SIGNATURES OF APPROVAL (AGREES WITH RECOMMENDATION)		
	SIGNATURE	DATE
PROGRAM COORDINATOR		
DEPARTMENT CHAIR		
CURRICULUM CHAIR		
VP OF INSTRUCTION		
WEBMASTER (WEBSITE)		
ADM. ASSIST. FOR INSTRUCTION (CATALOG)		

DESCRIPTION OF NEW PROGRAM OR PROGRAM CHANGE (CHECK ALL TO BE IMPACTED AND ADDRESSED BELOW)			
<input type="checkbox"/> COURSE ADDITIONS	<input type="checkbox"/> COURSE DELETIONS	<input type="checkbox"/> MODIFICATIONS	<input type="checkbox"/> OTHER PROGRAM IMPACT
<input type="checkbox"/> OTHER COURSE IMPACT	<input type="checkbox"/> ARTICULATION AGREEMENTS	<input type="checkbox"/> ACCREDITATION	<input type="checkbox"/> FACILITIES/EQUIPMENT
<input type="checkbox"/> FACULTY IMPACT	<input type="checkbox"/> PRE/CO REQUISITE CONSIDERATIONS	<input type="checkbox"/> GRADUATION REQ'S	<input type="checkbox"/> IMPACT ON CONT. STUDENTS

JUSTIFICATION FOR NEW PROGRAM, PROGRAM CHANGE OR TERMINATION