|  |  |
| --- | --- |
| **Program: (AA-T/AS-T/AA/AS/CA)-** | **Date:** |
| **Contact Person:** |  |
| **Department Chair Signature:** | **Dean Signature:** |

**Check one of the boxes below to indicate the type of change.**

**Instruction: To delete inventory that are no longer being offered at the college and to request that a program be changed from active to inactive status or vice-versa. September 2012 page 35-Program and Course Approval Handbook-Chancellor’s Office.**

|  |  |
| --- | --- |
| **🞏 1. Change to previously approved program.** | |
| **🞏 2. Remove/Delete entry from current college program inventory.** | |
| **🞏 3. Change from ACTIVE to DEACTIVE status.** | **Date program last offered:** |
| **What is the change: (Briefly indicate what the intended change is here)** | |

|  |  |
| --- | --- |
| **Current Program (List as approved in inventory currently)** | **Changes to Program- (List proposed revision)** |
|  |  |
| **Rationale: (Briefly explain the rationale for this change)** | |

**Curriculum Committee Chair Date Printed or Typed Name**

**President/Designee Date Printed or Typed Name**

**CCCCD Approval Date**