

Temple University
Proposal to Change an Array of Courses within an Academic Program
Face Sheet

Date: _____ Type of Degree: ___ Undergrad ___ Grad ___ Prof

Type of Program: ___ Major ___ Minor ___ Concentration ___ Track ___ Certificate (type): _____

Exact Title of the Program _____

Degree & Abbreviation [e.g. Bachelor of Science (BS)] _____

Please consult <http://www.temple.edu/provost/AAC.html> to determine submission deadlines.

First semester students will be enrolled under new array of courses: *Fall* ___ or *Spring* ___ of 20 _____

Please include the names of all participating schools, colleges and departments:

Please list names and contact information for those responsible for this proposal:

Name	Title	Phone	Email

Please attach a document that provides the following elements listed in Section VI.A of the Administrative Procedures for Establishing, Restructuring or Terminating Undergraduate, Graduate or Professional Academic Programs.

Please attach a Signature Sheet (OP-S) with all appropriate signatures.