

6. **ESTIMATED IMPACT**

There will no measurable impact on any of the above.

7. **IMPACTS ON PROGRAMS/DEPTS:**

*What programs/departments will be affected by this proposed action?
Include information on the Programs/Departments contacted (e.g., email, memo)*

The Education Department has agreed to this change.

JUSTIFICATION FOR ACTION REQUESTED

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APPROVALS: Add signature blocks as necessary (e.g., cross listing approvals)

Signature Chair _____ Date _____
Program/Department of _____

Signature Chair College/School _____ Date _____
Curriculum Council for _____

Signature _____ Date _____

Signature _____ Date _____
College _____

Received Registrar's Office _____ Date _____

