



| NO | If Yes, DEPT | NUMBER |
|----|--------------|--------|
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CT IF ANY WILL THIS

Feasible because no collateral because necessary prerequisite has been received.

There will be no impact on other programs and departments.

APPROVALS: Add signat

[Redacted Signature Box]

Signature, Chair
Program/Department of

DANSD

7 16 5

[Redacted Signature Box]

Signature, Chair, College/School
Curriculum Council for

[Redacted Signature Box]

Signature, Dean
College/School of

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE REGISTRAR'S OFFICE

[Redacted Signature Box]