

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

Th

w

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

Date

Signature Chair Date
College

Received Registrar's Office Date

