

The Graduate School – College of Charleston
Faculty Committee on Graduate and Continuing Education
Proposal to Change a Graduate Program

1. Department: _____
2. Graduate Program: _____
3. Program Change(s) will go into effect: _____
4. Change(s) Desired:
Present Requirement: _____ Requirement Change: _____
5. Justification for change: _____
6. Signature of Program Director: _____ Date: _____
7. Date approved by the Department: _____
8. Signature of Department Chair: _____ Date: _____
9. Signature of School Dean: _____ Date: _____
10. Signature of Provost: _____ Date: _____

RETURN FORM TO THE GRADUATE SCHOOL OFFICE FOR FURTHER PROCESSING

11. Signature of Chair of the Faculty Committee on Graduate and Continuing Education.

Date: _____
12. Signature of Chair of Graduate Council: _____ Date: _____
13. Signature of the Faculty Secretary: _____ Date: _____

IF MORE SPACE IS NEEDED, USE EXTRA SHEET AND ATTACH
(Form approved by FCGCE on April, 2001 and replaces all others)

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