

Program/Prefix Action Request University of Alaska Anchorage Proposal to Initiate, Add, Change, or Delete a Program of Study or Prefix

1a. School or College		1b. Division			1c. Department		
2. Complete Program Titl	le/Prefix						
3. Type of Program	OEC		Undergrad Cer	rtificate] AA/AAS	Baccalaureate	Minor
	Post Bacc Certificate		Graduate		Graduate Certificate	Doctoral	Specialty
4. Type of Action:	PROGRAM ☐ Add ☐ Change ☐ Delete		PREFIX ☐ Add ☐ Change ☐ Inactivate				
5. Implementation Date From: /		l					
6a. Coordination with Affected Units Department, School, or College:							
Initiator Name (typed): Date:							
6b. Coordination Email	submitted to Faculty I	istserv (<u>uaa</u>	-faculty@lists.ua	a.alaska.e	<u>du</u>) Date: _		
6c. Coordination with Li	brary Liaison Da	te:					
7. Title and Program Description - Please attach the following:							
	☐ Cover	Memo	☐ Cat	alog Copy	in Word using the	track changes funct	ion
8. Justification for Action	on						
			[Approved			
Initiator (faculty only)			Date L	Disapprov	Dean/Director of S	School/College	Date
Initiator (TYPE NAME)			_	_			
Approved Departmen	at Chairnaras		Data [Approved	Undergraduate/Gr		Date
	nt Chairperson		Date	Disapprov	ed Board Chairpersor	ח	
Approved				Approved			
Disapproved Curriculum	Committee Chairperson	l	Date	Disapprov	ed Provost or Designo	ee	Date