

Texas A&M University-Texarkana
CHANGES TO EXISTING GRADUATE PROGRAM

Deadline for submitting changes to be included in the next catalog is Feb 1st

Effective Term:

College:

Name of Program:

Please identify requested changes. List prefix, number and title

Delete Program

Change Course Requirements_(Attach a table that indicates current and proposed degree requirements)

Change in number of required SCH

From _____ To _____

Explain

Texas A&M University-Texarkana
CHANGES TO EXISTING GRADUATE PROGRAM

Change in Degree Name (explain)

Other (explain)

Submitted by _____ Date _____

Approval Signatures Required:

College Dean _____ Date _____

Provost & VP for Academic Affairs _____ Date _____

Original: Registrar
Copies: VPAA
 College Dean