

**Texas A&M University-Texarkana**  
**CHANGES TO EXISTING UNDERGRADUATE**  
**PROGRAM**

**Note: Deadline for submitting changes to be included in the next catalog is February 1<sup>st</sup>**

Effective Term:

College:

Name of Program:

**Please identify requested changes. Please list each 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)

  Change Degree Name (Explain)

**Texas A&M University-Texarkana**  
**CHANGES TO EXISTING UNDERGRADUATE**  
**PROGRAM**

\_\_Other (Explain)

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

**Approval Signatures Required:**

College Dean \_\_\_\_\_ Date \_\_\_\_\_

Provost & VP for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

Original: Registrar  
Copies: VPAA  
          College Dean