



Curriculum Review Committee

Curriculum Manager
email: curriculum@gbcnv.edu

Change Existing Program Form

SECTION 1: SUBMITTER INFORMATION

Name of submitter: _____ Phone Number: _____
Email Address: _____ Submission Date: _____
Department: _____ GBC Center: _____ Building & Room #: _____

SECTION 2: CHANGING AN EXISTING BACHELOR'S PROGRAM

Effective Term: _____

Program Title: _____

Is there a GPA requirement change for this program? Yes No

Current GPA requirement _____ New GPA requirement: _____

Are admissions requirements changing? Yes No

Current Admissions Requirements: _____

New Admissions Requirements: _____

Is this a course requirement change within your programs General Education requirement? Yes N/A

Date approved by the General Education Committee: _____

Briefly explain the proposed changes: _____

Is this a change or addition to a program prerequisite requirement? Yes N/A

Briefly explain the proposed changes: _____

Is this a course requirement change within a program and/or general elective requirement? Yes No

Briefly explain the proposed change:

Does this change alter the total credits for the program? Yes No

Briefly explain the proposed change:

Catalog Update: Attach a marked up catalog page with the proposed changes.

SECTION 3: CHANGES TO AN EXISTING ASSOCIATE OR CERTIFICATE

Effective Term:

Program Title:

Briefly describe proposed change(s) compared to current requirements:

Is this a course requirement change within your program's general education requirement? Yes N/A

Briefly explain the proposed change:

Is this a change or addition to a program prerequisite requirement? Yes N/A

Briefly explain the proposed change:

Is this a course requirement change within a program and/or general elective requirement? Yes N/A

Briefly explain the proposed changes:

Does this change alter the total credits for your program? Yes N/A

Briefly explain the proposed changes:

Catalog Update: Attach a marked up catalog page with the proposed changes.

SECTION 4: APPROVALS

Submitter

Department Chair

Name _____

Name _____

Signature: _____

Signature: _____

Date: _____

Date: _____

This form will not be accepted without the above signatures.

Curriculum Review Chair

Curriculum Manager

Name _____

Name _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Dean

Vice President of Student and Academic Affairs

Name _____

Name _____

Signature: _____

Signature: _____

Date: _____

Date: _____