**Program Modification Form**

|  |
| --- |
| **MODIFICATION TYPE**  |
|  | **Inactivate Existing Program (UM System Approval Required)** |
|  | **Delete Existing Program (UM System & CBHE Approval Required)** |
|  | **Reactivate Existing Program (UM System Approval Required)** |
|  | **Modify Existing Program Requirements**  |
| **ACADEMIC UNIT** | **DEPARTMENT NAME** |
|  |  |
| **TITLE OF PROGRAM** | **DEGREE (S) AND OPTIONS** |
|  |  |
| **CIP CODE** | **EFFECTIVE CATALOG CYCLE** |
|  |  |
| **PURPOSE/RATIONALE** |
|  |
| **PROGRAM REQUIREMENTS** *(If modifying program requirements, list before and after)* |
|  |
|  |
| **COMPLETED BY** |
| **Contact Name:** |  | **Title:** |  |
| **Email Address:** |  | **Phone:** |  |
| **APPROVALS** |
| **Department/Program Chair/Director:** |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Academic Unit Curriculum Committee Chair:** |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Academic Unit Dean:** |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Undergraduate Curriculum Committee Chair:***(Undergraduate Programs Only)* |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Graduate Council:***(Graduate & Professional Programs Only)* |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Academic Affairs/Deputy Provost:** |  |  |  |
|  | *Cynthia L. Pemberton* |  | Date |
|  |  |  |  |
| **Transmitted to Registrar’s Office:** |  |  |  |
|  |  |  | Date |

Submit form (undergraduate) electronically to Amy Watson (watsonar@umkc.edu).

Submit form (graduate & professional) electronically to Nancy Hoover (hoovern@umkc.edu).