**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](mailto:watsonar@umkc.edu)).

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