

**Washington State University**  
**MAJOR CHANGE FORM – REQUIREMENTS**

**NOTE:** If proposing a **new** program (degree) or **extending, moving, consolidating, eliminating or renaming** an existing program (degree), these proposals must first go through the Provost's Office review process. Please do not use this form. Please contact the Provost's Office for directions on processing program (degree) proposals.

**SUBMITTING PROPOSAL** – Follow the steps on form, then:

- Submit one electronic copy of complete packet of signed form/rationale statement/supporting documentation and/or edits** to [wsu.curriculum@wsu.edu](mailto:wsu.curriculum@wsu.edu).
- Send the **original stapled packet PLUS 10 stapled copies** of packet to the **Registrar's Office**, campus mail code 1035.

**Department Name** \_\_\_\_\_

**1. Check proposed changes:**

- New Plan (Major) *in* \_\_\_\_\_ CIP# \_\_\_\_\_
- Change name of Plan (Major) *from* \_\_\_\_\_ *to* \_\_\_\_\_
- Revise certification requirements for the Plan (Major) *in* \_\_\_\_\_
- Revise Plan (Major) requirements *in* \_\_\_\_\_
- Drop Plan (Major) *in* \_\_\_\_\_
- New Sub-Plan (Option) *in* \_\_\_\_\_ CIP# \_\_\_\_\_
- Change name of Sub-Plan (Option) *from* \_\_\_\_\_ *to* \_\_\_\_\_
- Revise requirements for the Sub-Plan (Option) *in* \_\_\_\_\_
- Drop Sub-Plan (Option) *in* \_\_\_\_\_
- New Minor *in* \_\_\_\_\_ CIP# \_\_\_\_\_
- Change name of Minor *from* \_\_\_\_\_ *to* \_\_\_\_\_
- Revise Minor requirements *in* \_\_\_\_\_
- Drop Minor *in* \_\_\_\_\_
- New Certificate *in* \_\_\_\_\_ CIP# \_\_\_\_\_
- Change name of Certificate *from* \_\_\_\_\_ *to* \_\_\_\_\_
- Revise Certificate requirements *in* \_\_\_\_\_
- Drop Certificate *in* \_\_\_\_\_
- Other \_\_\_\_\_

**2. Effective Date: Fall** \_\_\_\_\_ (Effective date must be for future fall term.) **Submission deadline is Oct 1<sup>st</sup>.**  
**NOTE:** Items received after deadlines may be put to the back of the line or forwarded to the following year. Please submit on time.

**Contact:** \_\_\_\_\_ Phone number: \_\_\_\_\_  
**Email:** \_\_\_\_\_ Campus mail code: \_\_\_\_\_

- 3. PLEASE ATTACH A RATIONALE STATEMENT** giving the reasons for each request marked above, and explaining how this impacts other units in Pullman and other campuses (if applicable).
- 4. PROVIDE SUPPORTING DOCUMENTATION AND/OR CURRENT CATALOG COPY** with edit marks showing requested changes.
- 5. SIGN AND DATE APPROVALS.**

Chair Signature/date	Dean Signature/date	CSC Date
Chair Signature/date	Dean Signature/date	AAC or GSC Date
		Senate Date