

PUBLIC
 INDEPENDENT



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PROGRAM CHANGE REQUEST FOR STAFF REVIEW

Title or CIP change only

Combination program created out of closely allied existing programs

Option(s) added to existing program(s) **attach copy of "before and after" curriculum, plus any existing and proposed options*

Addition of certificate program developed from approved existing parent degree

Addition of free-standing single-semester certificate program

Add or change mode of delivery: classroom, hybrid, and online (indicate before and after modes in table below)

Before the Proposed Change			After the Proposed Change		
Title of Old Program/Certificate	Degree	CIP Code	Title of New Program/Certificate	Degree	CIP Code

- Delete program(s)
- Delete options
- Program placed on "Inactive Status" list

Program/Certificate/Option

Degree and CIP Code

Intended Date of Deletion/Inactivation

MM/YY

Change of address:

Closed location:

List sites where changes on this form should be applied (such as main campus, all off-site locations, etc.)

Name/Title of Institutional Officer

Signature

Date

Institution _____

Business

Restaurant Management Certificate

New

ACCT 100	Introduction to Accounting	3		
BUSN 105	Business Communications	3		
BUSN 107	Organizational Behavior	3		
BUSN 160	Field Experience I	3		
BUSN 200	Business Management	3		
BUSN 240	Human Resource Management	3		
BUSN 290	Business Capstone	1		Instructor Approval
HMGT 100	Introduction to Hospitality	3		
HMGT 102	Foodservice Sanitation	1		
HMGT 106	Nutrition and Menu Planning	3		HOSP102 Foodservice Sanitation with a grade of C or higher
HMGT 201	Restaurant Operations	3		HOSP100 Introduction to Hospitality with a grade of C or higher
HMGT 209	Catering Management	3		HOSP100 Introduction to Hospitality with a grade of C or higher
Total Credit Hours Required		32		