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**MINOR PROGRAM CHANGE: CATALOG DESCRIPTION ONLY**  
**REVISED/RESUBMITTED 9/9/14**

**SUBMITTED BY:**

<b>Department</b>		<b>College/School</b>	
<b>Prepared by</b>		<b>Phone</b>	
<b>Email Contact</b>		<b>Faculty Contact</b>	

See <http://www.uaf.edu/uafgov/faculty-senate/curriculum/course-degree>











**C. PROPOSED**

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**APPROVALS:**

*Your approval indicates that NO DEGREE REQUIREMENTS are being changed by the minor changes to this program. Only catalog updates and corrections are being accomplished by means of this form.*

	Date	
Signature, Chair, Program/Department of:		

	Date	
Signature, Chair, College/School Curriculum Council for:		

	Date	
Signature, Dean, College/School of:		

**ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE REGISTRAR'S OFFICE**

	Date	
Received Registrar's Office		