***Cameron University***

**(4) Other Modification**

**REQUEST FOR ADMINISTRATIVE/INTERNAL CHANGES**

**(continued)**

Academic unit/department submitting request: 

State Regents’ three-digit program code and Program name of program to be modified:



**(4) OTHER MODIFICATION**

Requested action:

Reason for requested action (attach no more than one page if space provided is inadequate):

Will requested change require additional funds? [ ]  No [ ]  Yes

*If yes, please specify the amount of the additional costs, the source of the funds, and how they will be expended (if explanation exceeds space provided, attach no more than one page).*

Will requested action change curriculum? [ ]  No [ ]  Yes

*If yes, attach current and proposed curriculum degree program requirements and degree program objectives (on no more than three pages).*  ***Indicate the changes clearly.***