

**School of Communications and Theater (SCT)
Request to Establish, Terminate or Change an Academic Program.**

For Department:

Department: _____

Proposed Academic Program: _____

Proposed Change Date: _____

Department Chairperson Signature: _____

Faculty Council

The SCT Faculty Council has reviewed this proposal for establishing, terminating or revising an academic program. These changes have been approved/not approved.

Chairperson SCT Faculty Council

Date

SCT Faculty Assembly

The SCT Faculty Assembly has reviewed this proposal for establishing, terminating or revising an academic program. These changes have been approved/not approved.

Chairperson SCT Faculty Council

Date