





NO	If Yes, DEPT	NUMBER
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**CT IF ANY WILL THIS**

Feasible because of no collateral because necessary prerequisite has been received.

There will be no impact on other programs and departments.

**APPROVALS: Add signat**

[Redacted Signature Box]

Signature, Chair  
Program/Department of

DANSD

7 16 5

[Redacted Signature Box]

Signature, Chair, College/School  
Curriculum Council for

[Redacted Signature Box]

Signature, Dean  
College/School of

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

[Redacted Signature Box]