

**6-2 Curriculum Modification**

College:

Date:

College Contact:

Phone:

Email:

Program Number:

Program Title:

Implementation Effective Date:

Does curriculum change result in a change in TSA?      Yes      No

If yes, please summarize your plan to incorporate these changes (limit of 500 characters)

Attach as “Attachment A” documentation which supports the change.

Attach as “Attachment B” documentation of advisory committee support.

Attach as “Attachment C” Form 6-5 as documentation of the curriculum modification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
District President or Instructional Services Administrator

Printed Name: \_\_\_\_\_

When document is complete, please submit this form and attached documentation via a single “.pdf” file, including attachments to [programs@wtcsystem.edu](mailto:programs@wtcsystem.edu)