

6-1 Program, Title or Number Change Form

College:

Date:

College Contact:

Phone:

Email:

Education Director Consulted:

Date Consulted:

Check all that apply:

Title Change

Number Change

Existing Program Number:

Existing Program Title:

Proposed Program Number:

Proposed Program Title:

Colleges affected by the change:

BTC	LTC	MSTC	SWTC
CVTC	MATC - MSDN	NATC	WCTC
FVTC	MATC - MILW	NTC	WTC
GTC	MPTC	NWTC	WITC

Attach as "Attachment A" documentation from colleges affected by the change specifically identifying their support of the change. No colleges affected

Attach as "Attachment B" documentation showing rationale and advisory committee or other partners support for the change.

Implementation Effective Date:

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