## 6-1 Program Title or Number Change Form

GTC

| 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 char | nge:         |               |      |  |
| BTC                           | LTC          | MSTC          | SWTC |  |
| CVTC                          | MATC - MSDN  | NATC          | WCTC |  |
| FVTC                          | MATC - MILW  | NTC           | WTC  |  |

Attach as "Attachment A" documentation (letter or email) from the Instructional Services Administrator for each college affected by the change specifically identifying their support of the change.

No colleges affected

NWTC

**MPTC** 

Attach as "Attachment B" documentation of advisory committee support for the change. If the proposed change affects other colleges sharing the same program title and number, only the lead college is required to submit their advisory committee minutes.

Modified: 11/2/2020

WITC/NTWD

| Is this program parent to Embedded Technical Diploma(s) or Pathway Ce   | rtificate(s)?  |        |
|---|----------------|--------|
| If YES, enter Embedded Program Information: Program Number Program Title  | Yes            | No     |
|   |                |        |
|   |                |        |
| Embedded programs will stay with the parent program under its new   | title and/or n | umber. |
| Embedded programs will NOT transfer with the parent program; they instead.  | will be suspe  | ended  |
| Embedded programs will transfer to a different parent program (pleas  | se name):      |        |
| Implementation Effective Date:  |                |        |
| Signature: Date:  District President or Instructional Services Administrator  | :              |        |
| Printed Name:   |                |        |
| When document is complete, please follow your district's procedures for the appropriate personnel should submit this form along with all attached |                |        |

The appropriate personnel should submit this form along with all attached documentation in a single .pdf file to <a href="mailto:programs@wtcsystem.edu">programs@wtcsystem.edu</a>.

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