## 6-1 Program Title or Number Change Form College: Date: College Contact: Phone: Email: **Education Director Consulted:** Date Consulted: **Implementation Date (Below):**

**Implementation Effective:** 

Check all that apply: Title Change Number Change

**Existing Program Number:** 

**Existing Program Title:** 

Proposed Program Number:

Proposed Program Title:

Change(s) is for:

## If change(s) are occurring at Multiple College(s), please select all that apply below:

BTC	LTC	MSTC	SWTC
CVTC	MATC	NATC	WCTC
FVTC	MDSN	NTC	WTC
GTC	MPTC	NWTC	NTWD

1. 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

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: 02/14/2023

Is	this program parent to Embedded Technical Diploma(s) or Patl	way Certificate(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 programs instead.	m; they will be susp	ended
	Embedded programs will transfer to a different parent program	n (please name):	
Sig	gnature:  District President or Instructional Services Administra	Date:	
	District President or Instructional Services Administra	tor	
Pri	inted Name:		
	hen document is complete, please follow your district's proced the appropriate personnel should submit this form along with all		

single .pdf file to <u>programs@wtcsystem.edu</u>.

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