**CURRICULUM CHANGE MEMO**

**Date:**

**From: Proposing Faculty Member, Department**

**Through: Chair, Department**

**Through: Dean, College**

**To: Chair, Undergraduate Curriculum Committee or Graduate Council**

**Proposal Title:** **Notification: Off-Campus (includes out-of-state/country)  Addition, Change, or Closure**

**New Off-Campus Program**

Degree Program Designation:

Degree Program Title:

Degree Program CIP Code:

Proposed Program Start Date

**Please indicate the type of off-campus program (select one):**

[ ]  In-state

[ ]  Out-of-state

[ ]  Out-of-country

Name of off-campus location:

Address of off-campus location:

*Note: A notification of the addition/change/closure must be sent to all public universities within a 50-mile radius of UTEP. There is a 30-day comment period, institutions must wait until the full 30-day comment period is completed before submitting the request.*

**Change or Closure of Off-Campus Program**

Degree Program Designation:

Degree Program Title:

Please provide a description of the change (if applicable)

Proposed Effective Date of Change