

Lake-Sumter State College
Curriculum & Instruction Committee
CREDIT PROGRAM MODIFICATION (FORM CPM)

CC No. _____

CATALOG PROGRAM TITLE _____

Program Hours _____ **Program Hours with Modification** _____

6 digit CIP Code: _____ CIP Title: _____

Explanation of Modification(s):

Rationale for Modification(s):

1.

1.

2.

2.

Implementation Date: Fall 20 ____

Implementation Date: Fall 20 ____

Originator (print name) _____ Signature _____

The Dean/Associate Dean's signature indicates that notification of this recommendation has been sent to all full time faculty member(s) in the academic discipline.

Dean/Associate Dean _____

Academic Affairs Administrator _____

The following signature indicates approval and recommendation by the Curriculum & Instruction Committee to the Vice President and President:

Committee Chair _____