



CATALOG CHANGE SUBMISSION FORM

Date:

Name of Catalog Section:

Text of Modification:

Change Initiated By: \_\_\_\_\_  
Name/ Title

\_\_\_\_\_  
Date

Change Approved: \_\_\_\_\_

**Administrative Authorization\***

\_\_\_\_\_  
Date

*\*Administrator Responsible for the section: VCASA, College Registrar, Director, Curriculum and Program Development or as designated*

\_\_\_\_\_  
**Assistant Vice Chancellor for Human Resources\*\***

\_\_\_\_\_  
Date

*\*\*For verification of new positions and title changes*

\_\_\_\_\_  
**Senior Level Authorization\*\*\***

\_\_\_\_\_  
Date

*\*\*\*Vice Chancellor, College-wide Dean, or Primary Report Head*

\_\_\_\_\_  
Editor

\_\_\_\_\_  
Date