TRANSMITTAL for UNDERGRADUATE PROGRAMS: Changes or Proposals

INFORMATION

1. Program title: Computer Science (Is)
2. Department(s): Computer Science And Information Systems (Csis)
3. College(s): Cbe
4. Proposal prepared by: Arpan Jani Date: 12/3/2012

5. Check all that apply:
   - [ ] New program
   - [ ] Change in course name
   - [x] Change in Major
   - [ ] Change in course content
   - [x] Existing program
   - [ ] Change in number of credits
   - [x] Change in Minor
   - [x] Change in Emphasis/Option

6. Other Programs/Departments Consulted (Requires letters of support from all Departments or Programs substantially affected):
   1. Math
   2. Geography

7. Date of Implementation: Fall Semester 2013 Year

8. Have all courses in this program been approved? Yes [x] No [ ]
   If “No,” which ones?

9. Attach Request Narrative. (Include description of program before and after proposed changes).

UNIT APPROVALS: Requires signatures of all Departments Chairs and Deans whose programs will be affected by the changes or proposal. Signature lines for the affected Departments and Colleges (Noted in 6 above), are on the back of this form. These signatures should be obtained prior to review by all other shared governance levels.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Department Chair</td>
<td>2/18/13</td>
</tr>
<tr>
<td>College Curriculum Cmtt. Chair</td>
<td>2/18/13</td>
</tr>
<tr>
<td>Dean of College</td>
<td>3/11/13</td>
</tr>
<tr>
<td>University Curriculum Cmtt. Chair</td>
<td>3/12/13</td>
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<tr>
<td>Academic Policy &amp; Programs Cmtt. Chair</td>
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<tr>
<td>Faculty Senate Chair</td>
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<tr>
<td>Provost / Vice Chancellor</td>
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<td>Chancellor</td>
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</tbody>
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NOTE: The master copy of this transmittal and accompanying documents must be filed in the Provost’s office upon final approval. The Provost’s office will notify all appropriate administrative offices (Registrar, Dean(s), and Department Chair(s)) of approvals and necessary actions to implement changes.

Rev. 11/08
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DEPARTMENT & COLLEGE APPROVAL SIGNATURES

Department Chair ________________________________

Signature ________________________________ Date 12/15/2012

College Curriculum Cmtt. Chair ________________________________

Dean of College ________________________________

____________________________ ________________________________

Department Chair ________________________________

Signature ________________________________

College Curriculum Cmtt. Chair ________________________________

Dean of College ________________________________

____________________________ ________________________________

Department Chair ________________________________

Signature ________________________________

College Curriculum Cmtt. Chair ________________________________

Dean of College ________________________________

____________________________ ________________________________

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