

## Request for Graduate Non-Curricular Changes

PLEASE USE THIS FORM FOR ALL NON-CURRICULAR CHANGE REQUESTS (changes in admission requirements or requirements for graduation, changes in or new policies/procedures, changes in program descriptions in catalog, general language changes in catalog.)

SIGNATURES may not be required, depending on the nature of the request and from where it originates. Consult Graduate Council chair.

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy without signatures to the Graduate Council Chair.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: School of Pharmacy

Dept/Division: Pharmacy

Contact Person: H. Glenn Anderson Jr., Pharm.D.

Phone: 62305; 806-236-4037

Rationale  
for Request

Addition of new dual degree program (PharmD-MPH) to school offerings. Catalog update to recognize this dual degree offering.

(May attach  
separate page  
if needed)

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

NOTE: all requests may not require all signatures.

Department/Division Chair <u><i>Thom Yigby</i></u>	Date <u>10/14/16</u>
Registrar <u><i>Joseph G. Carr</i></u> 512001	Date <u>10-14-16</u>
College Curriculum Committee Chair <u><i>Cy A. Kirk, PhD</i></u> (or Dean if no college curriculum committee)	Date <u>10.14.2016</u>
Graduate Council Chair _____	Date _____

NOTE: please complete information required on the following pages before obtaining signatures above.