LEHMAN COLLEGE
OF THE
CITY UNIVERSITY OF NEW YORK

Department of_____

Curriculum Change

Hegis #
Program Code

1. **Type of Change:** *(Please indicate change being requested for this program)*

2. **From:**

3. **To:**

4. **Rationale (Explain how this change will impact learning goal and objectives of the department and Major/Program):**

5. **Date of departmental approval:**