THE UNIVERSITY OF ARIZONA.

Request to Add or Remove a Campus and/or Location to an Existing Plan/Subplan

All requested changes will be made for all listed Plans/Subplans

College / Departments complete top section, send to Curricular Affairs for signature routing.

Plan/Subplan Name:		
Campus (select one option): \Box Add	Remove	
Select Campus: \Box Main \Box AZ Online \Box Distance \Box UA	A South \Box AZ Intl \Box Phoenix-Biomedical	Community
Location (select one option):	·	:)
List Location(s):		
Curricular Affairs will route to obtain signatures		
Department Head:	(Signature)	(Date)

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2 nd Department Head:		_	
(If applicable)	(Print)	(Signature)	(Date)
* College Dean:			
	(Print)	(Signature)	(Date)
* 2 nd College Dean:			
(If applicable)	(Print)	(Signature)	(Date)
	Distance, or Community Cam Charlotte MacInnis, Assistant Dea	pus: n, Curricular Affairs and Operations	
• For AZ Online – Caleb Si	mmons, Executive Director, Onlin	ne Education	
• For Distance Campus –	Craig Wilson, Vice Provost, Outre	ach, Distance and Continuing Education	

Signature:
Date:

Other Campuses:

Dean's Signature

(Print)

(Signature)

(Date)

Office of Curricular Affairs:

Signature: