THE UNIVERSITY OF ARIZONA®

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

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

Plan/Subplan Nan	ne:					
Campus (select or	ne option):	□Add	Remove			
Select Campus:]Main □Onli	ne Distance	\Box UA South	□Global	□ Phoenix-Biomedical	□Community
Location (select o	ne option):	□Add	Remove			
List Location(s):						
Effective Term:	🗆 Fall	🗆 Summer	□ Spring	Year: _		
Required Signature	25:					
Department Head:						
	(Print)			(Signature)		
2 nd Department Head:				(Signa	(Date)	
* College Dean:				(Signa	iture)	(Date)
* 2 nd College Dean: (If applicable)	(,		(Signature)			
• For Global Locat	uth, or Commun tions – Brent Whi	• •	obal Affairs; Dea		ost, Distance Education/Con npuses	nmunity Campus
Signature:				Date:		
Other Campuses:						
Dean's Signature						
(Print)				(Signature)		
Office of Curricular A	Affairs:					