

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 Name:					
Campus (select one option	on): \square Add	□ Remove	ž		
Select Campus: □Online	e □Distance □UA	A South □G	ilobal	☐ Phoenix-Biomedical	☐ Community
Location (select one opti	on): □Add	□Remove	<u>;</u>		
List Location(s):					
Effective Term: ☐ Fa	II □ Summer	☐ Spring	Υe	ear:	
Required Signatures:					
Department Head:	(Print)			(Signature)	(Date)
2 nd Department Head:(If applicable)	(Print)			(Signature)	(Date)
* College Dean:	(Print)			(Signature)	(Date)
* 2 nd College Dean:	(Print)			(Signature)	(Date)
• For Global Locations – B	• •	Global Affairs; De	an, Glob	e Provost, Distance Education, pal Campuses	/Community Campus
Signature:				Date:	
Other Campuses:					
Dean's Signature					
(Print)			(Sigi	nature)	(Date)
Office of Curricular Affairs:					
Signature:				Date:	