
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
CONSULTATION FORM

For use in Consulting on Curricular Changes

Response Requested within 30 days (due date: _____)

No response by the due date implies no objection

To: _____ Date: _____

From: _____ Curriculum Year: _____

Proposed Action (check one)

- Add course
- Modify General Education course
- Modify/delete a requirement offered by another department
- Modify/delete a course included in another program
- Add/modify/delete major, minor, credential, or program

Description of Proposed change: _____

Rationale for Proposed change: _____

Others Consulted:

Name:	Dept./College:
Name:	Dept./College:
Name:	Dept./College:
Name:	Dept./College:

Department Chair/Associate Dean Signature: _____ **Date:** _____

Respondent: _____ **Dept./College:** _____ **Date:** _____

Agree

Disagree

Comments (attach additional sheets if needed): _____

Please send copies to affected Departments, all Deans, and the Office of Academic Programs