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 (select 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, certificate, or program

Description of Proposed change: _______________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Rationale for Proposed change: _________________________________________
____________________________________________________________________
____________________________________________________________________

Others Consulted:

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Department Chair/Associate Dean Signature: __________________________ Date: __________________

Respondent: ___________________________ Dept./College: ___________________________ Date: __________________

_____ Agrees  _____ Disagrees

Comments (attach additional sheets if needed): _______________________________________
____________________________________________________________________

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

Modified 07/22/2009