

**Appendix E**  
 College of Micronesia-FSM  
**COURSE MODIFICATION REQUEST**

Course Number and Title	Department
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Recommended Course Number and Title	Department
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New Course Objectives:

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New Course Description:

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Justification for Revising the Course:

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Division Chairperson	Date
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Chairperson, Curriculum Committee	Date
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President, COM-FSM	Date
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<b>Official Use Only</b>
<b>New Course Number and Title:</b>

**Appendix F**  
College of Micronesia-FSM

**CERTIFICATE PROGRAM PROPOSAL**

1. Statement of Need
2. Objectives
3. Program Activities
4. Schedule of Course(s)
5. Description of Course(s)
6. Program Staff
7. Evaluation Procedure
8. Budget
9. Verification of Program Officials

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Comments \_\_\_\_\_

Program Director		Date
Campus Director		Date