**Academic Learning Compact (ALC) Revision Form**

Major:

College:

Effective term and year revisions will take place: Term:       Year:

Revisions requested in: (select all that apply)

 [ ]  Description of the major [ ]  Graduation requirements

(NOTE: SLO revisions should be submitted using the Undergraduate Assessment Plan revision form).

Briefly describe the revision and include the revised language:

Rationale/Justification for the revision:

**Please attach both the current ALC and the new, revised version.**

Department Contact Name:

Telephone Number:       PO Box:

E-mail Address:

College Contact Name:

 Telephone Number:       PO Box:

 E-mail Address: