### Undergraduate Program Requirement Revision

The University Of Toledo

#### Contact Person:

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#### Present

Supply all information asked for in this column. (Supply core, research intensive and transfer module info if applicable)

- **College:** College of Engineering
- **Dept/Academic Unit:** Engineering Technology
- **Program Code:** BCE

*Program Name: Construction Engineering*

Minimum number of credit hours for completion:

#### Proposed

Fill in appropriate blanks only where entry differs from first column.

- **College:** [Select a College--]
- **Dept/Academic Unit:** [Select a Department--]
- **Program Code:**
- **Program Name:**

Minimum number of credit hours for completion:

### Program Approval

- **Department Chairperson:** Allen Rioux
- **Date:** 2/21/2012

- **College Curriculum Authority or Chair:**
- **Date:** 2/21/2012

- **College Dean:**
- **Date:** 2/21/2012

- **Faculty Senate Academic Program Committee:**
- **Date:**

- **Office of the Provost:**
- **Date:**

### Effective Date:

- **Administrative Use Only**

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