

**Hobbs Municipal Schools
Program Reconstitution Form**

Committee: _____

Date: _____

Recommended change:

Reason for change:

Past Practices:

Cost Implications:

Staff Implications:

Timeline Implications:

Administrative Review:

Questions/Concerns:

_____ **Accepted**

_____ **Rejected**

Signatures:

Assistant Superintendent for Instruction

Assistant Superintendent for Operations

Assistant Superintendent for Personnel