

## Curriculum Change Proposal Form

Unit proposing the change:

Please check all that apply:

<input type="checkbox"/> Changes to academic major or minor; course titles, descriptions, number changes within level; prerequisites  <i>Requires: * Dept. Chair or Program Coord. Signature(s) (Copy to Div. Chair.)</i>	<input type="checkbox"/> Course additions, cross-listings or deletions; course level changes; change in course credit hours; change in grading S/U to A-F and A-F to S/U  <i>Requires: * Dept. Chair or Program Coord. Signature(s) (copy to Div. Chair) AND Division Discussion and Signature.</i>
<input type="checkbox"/> Student-designed majors, non-credit workshops.  <i>Requires: * Dept. Chair or Program Coord. Signature(s) (copy to Div. Chair.)</i>	<input type="checkbox"/> Statements of academic philosophy or policy; additions or deletions of majors, minors, or other programs; degree requirements; additions, deletions, or change of category for Gen Ed courses.  <i>Requires: * Dept. Chair or Program Coord. Signature(s) (copy to Div. Chair) AND Division Discussion and Signature.</i>
<input type="checkbox"/> Special courses or credit workshops.  <i>Requires: * Dept. Chair or Program Coord. Signature(s) (Copy to Div. Chair) AND Division Discussion and Signature.</i>	<input type="checkbox"/> Other (Explain in 1 below)  <i>See VPAA for details regarding approval requirements.</i>

**\*Required prior to submission to the Undergraduate Curriculum Committee**

**NOTE: See APAP section 110 for more information regarding changes to curriculum.**

1. Detailed description of the proposed change:
2. Justification for change:
3. Proposed term of initial offering or implementation date:
4. As applicable, please provide or attach the following information:
  - a) Course subject and number (or proposed number):
  - b) Course title:
  - c) Credit hours:
  - d) Recommended level: FR SO JR SR
  - e) Prerequisites or other special conditions (if any):
  - f) Requirements it will satisfy (major, minor, Gen Ed, licensure):
  - g) Proposed catalog description:
  - h) Describe any potential impact(s) of this change, such as course prerequisites, majors/minors, interdisciplinary programs, licensure requirements, etc.:

➤ **REQUIRED:** Attach documentation of notification of affected parties. [ ]

i) Staffing considerations:

- Can be taught by present staff
- Will require additional staff

j) Anticipated frequency of offering:

- Multiple times per year
- Once a year
- Alternate years
- Other \_\_\_\_\_

k) Resources required (facilities, equipment, supplies, library materials, etc.):

5. Signatures:

Department Chair or Program Coordinator: \_\_\_\_\_

➤ Please attach summary of department discussion.

Department Vote:

In favor \_\_\_ Opposed \_\_\_ Abstentions \_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Vice President of Graduate and Continuing Studies: (if applicable) \_\_\_\_\_

In favor or Opposed or Abstain (circle one)

(Please attach comments)

Date: \_\_\_/\_\_\_/\_\_\_

Teacher Preparation Programs [Initial Licensure]: (if applicable) \_\_\_\_\_

In favor or Opposed or Abstain (circle one)

(Please attach comments)

Date: \_\_\_/\_\_\_/\_\_\_

Division Chair: \_\_\_\_\_

➤ Please attach summary of division discussion(s).

Division Vote:

In favor \_\_\_ Opposed \_\_\_ Abstentions \_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Undergraduate Curriculum Committee Chair (VPAA): \_\_\_\_\_

Curriculum Committee Vote:

In favor \_\_\_ Opposed \_\_\_ Abstentions \_\_\_

Date: \_\_\_/\_\_\_/\_\_\_