

Program Request

Degree Programs: New or Changes

Revised 2/10/12

This form is to be used to request new degree programs or to request changes to existing programs.

Complete the following and submit it to the University Curriculum Specialist, B-150 ASB (for undergraduate programs) or to the Graduate Studies Office, 105 FPH (for graduate programs). There is additional information the Graduate Studies Office needs for graduate programs. Contact them for information.

Department		Program Name	
Date of Request	Desired Effective Date	Code (for existing program only)	CIP Code

Type of change desired: (Please check all appropriate items.)

- | | | | | |
|------------------------------------|--|------------------------------------|--|---|
| Major | Emphasis | Minor | Requirements | Type of Degree |
| <input type="checkbox"/> New major | <input type="checkbox"/> New emphasis/specialization | <input type="checkbox"/> New minor | <input type="checkbox"/> New requirements | <input type="checkbox"/> BS <input type="checkbox"/> MA |
| <input type="checkbox"/> New name | <input type="checkbox"/> New name | <input type="checkbox"/> New name | <input type="checkbox"/> Requirements change | <input type="checkbox"/> BA <input type="checkbox"/> MS |
| <input type="checkbox"/> Deletion | <input type="checkbox"/> Deletion | <input type="checkbox"/> Deletion | | <input type="checkbox"/> BFA <input type="checkbox"/> PhD |
| <input type="checkbox"/> Furlough | | | | <input type="checkbox"/> _____ |

Former Program Hours	New Program Hours
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Request/Justification: (Address the following questions in support of your request. Attach additional sheets as needed.)

- If adding or changing requirements, what are they? Be detailed and clear.
- How does the proposal advance the program-level learning outcomes?
- What are the positive and/or negative impacts of this proposal on time-to-graduation?
- What are the resource implications?
- Does this change affect other departments? If so, an accompanying letter of support from the affected departments must accompany this request.
- Does this change affect your CIP Code listing? See <http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55> for codes.

Approval Signatures

Date Signed

Department Curriculum Representative		
Department Chair		
College Curriculum Representative		
College Dean		
Graduate Dean <small>(for graduate programs only)</small>		
Associate Academic Vice President		