

FORM C - DEGREE/PROGRAM CHANGE

CIP CODE

Date: _____

(Name of individual initiating curricular change form)

(Title, position, telephone number)

(Email address)

(Department/Division/Program/Branch)

Mark Appropriate Program:

Undergraduate Degree Program

Graduate Degree Program
(For existing degree only)

Assigned by
**Associate Provost
for Academic Affairs**

- ROUTING (All Four Collated Sets)**
1. Department Chairperson
 2. College Curriculum Committee
 3. College or School Faculty (if necessary)
 4. College or School Dean/Dean of Instruction
 5. Office of the Registrar—Catalog
 6. Director of relevant Library
 7. FS Graduate Committee (graduate courses)
 8. FS Undergraduate Committee (undergraduate courses)
 9. FS Curriculum Committee
 10. Assoc. Provost for Academic Affairs
 11. Faculty Senate
 12. Board of Regents (new degree only)

*** Plan for curricular process to take at least 12 months.**

This form is for _____
Name of New or Existing Program

This program is or would be located in current undergraduate/graduate catalog
on page(s) _____

Mark appropriate category:

	NEW	REVISION OF	DELETION	NAME CHANGE
Degree _____ Type	<input type="checkbox"/> Undergraduate degree only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>
Subject Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give exact title and requirements as they should appear in the catalog. See current catalog for format within the respective college (attach additional sheets if necessary). Identify in bracket form what is being changed.

Reason(s) for Request (attach additional sheets if necessary).

Attach statements to address Budgetary and Faculty Load Implications and Long-range planning.

Does this change affect in a significant way, any other departmental programs/branch campuses? Yes ____ No ____

If yes, have you resolved these issues with department/branch involved? _____ (attach statement)

Proposed Effective Term: _____, _____
Term Year

Required Signatures:

Department Chair _____ Date _____

College Curriculum Committee _____ Date _____

College or School Faculty (if necessary) _____ Date _____

College or School Dean/Dean of Instruction _____ Date _____

Office of the Registrar—Catalog _____ Date _____

Director of relevant Library _____ Date _____

FS Graduate Committee (graduate courses) _____ Date _____

FS Undergraduate Committee (undergraduate courses) _____ Date _____

FS Curriculum Committee _____ Date _____

Assoc. Provost for Academic Affairs _____ Date _____

Faculty Senate _____ Date _____

Board of Regents _____ Date _____

Entered Banner

Entered Catalog

For Registrar's Office ONLY:

Copies Mailed