Academic Program Modification
Office of the Provost

1. Originating Unit (e.g., College, School, Institute): _____

   Person to contact regarding the proposal: _____

2. Purpose of the application (pick one):

   ☐ Change in Undergraduate Degree Program (bachelor's or associate's degrees)

   ☐ Change in Undergraduate Minor   ☐ Change in Undergraduate Certificate

   ☐ Change in Graduate or Professional Degree Program ☐ Change in Graduate or Professional Certificate

   ☐ Discontinuance of program   ☐ Change in Academic Policy*

   ☐ Change to admissions requirements*   ☐ Change to Program Learning Outcomes*

   ☐ Change to CIP code*

   *Instead of completing the table below, please append the current and proposed wording below.

3. Current Program or Policy Name and Degree, if applicable (e.g., BS in Biology): _____

   _____ Plan Code(s): _____

4. Is it an interdisciplinary program?   Yes ☐   No ☐

   If yes, please list below the stakeholder-units in addition to the academic unit submitting the application. Include all stakeholders.

   _____   _____
   Academic Unit Housing Program   (Dean, Chairperson or Program Director)

   _____   _____
   Additional Stakeholders   (Dean, Chairperson or Program Director)

   _____   _____
   Additional Stakeholders   (Dean, Chairperson or Program Director)

5. If this change is in an undergraduate program, does it impact a student's Core requirements? Yes ☐ No ☐

   If yes, please contact the Director of the University Core and include a brief summary of the impact here.

   _____

   _____

6. Please summarize the proposed changes (e.g., a change to degree requirements or options, a change to credit hours, a change in an existing policy). You may refer to an attachment for additional rationale and detail.

    _____

    _____

    _____

    _____

    _____

7. Proposals are primarily evaluated based on their academic merits. However, we must understand how the proposed change affects resources (e.g., the library, ITS, faculty or staff support). Please explain whether additional university resources are required to implement the change.

    _____

    _____

8. Will the modification have a direct impact on student charges (i.e., tuition and fees)? ☐ Yes ☐ No
    If yes, please explain:

    _____

    _____

9. Does this modification propose a change to the mode of delivery (e.g., online versus in person instruction)
    ☐ Yes   ☐ No   If yes, please explain:

    _____

10. Does this modification necessitate a change to the program learning outcomes?
    ☐ Yes   ☐ No   Please explain:

    _____

Assurance of College/School/Institute Level Endorsement:

Academic Unit Head:_____   Date: _____

Dean*_____   Date: _____

Dean*_____   Date: _____

Dean*_____   Date: _____

* Please include the signature of any Dean who oversees curriculum related to this proposal. The signature indicates that the Dean has read the proposed modification and supports that change(s) outlined in this document.

Academic Program Name: _____

Item	Current Program Requirements	Proposed Change(s)
Individually required courses (i.e., all students must take each course). **Please include the course number and credit hours for each course in this table**.		
Requirements with options (e.g., students must take 2 of 5 listed courses).		
Elective courses (i.e., programmable by wild- card rules, rather than by identifying specific courses required or for students to choose among).		
Additional Requirements (e.g., capstone, internships, required clinical experiences)		
Other Changes		
Credit Hours for the program curriculum		
Total credit hours required for the degree, including Core if applicable (e.g., credit hours for the certificate, bachelor's, master's, doctoral degree)		
Proposed Effective Date *Note*: subject to the timetable set by Registration & Records		