



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 (degree program, minor or certificate) Change in Academic Policy

3. Current Program Name and Degree, if appropriate (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	

Note: If this program is NOT interdisciplinary, please submit the proposal directly to the Provost, copying the Associate Provost for Academic Programs and Planning. If it is interdisciplinary (curriculum crosses Colleges/Schools/Institutes) it should be submitted to the BUS and/or GSCB chairs for review.

5. If this change is in an undergraduate program, will 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.



Program Modification Office of the Provost

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 note how the proposed change affects resources including the library, ITS, and other essential means of support. Please explain how university resources are affected by 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 propose a change to the program learning outcomes? Yes No
If yes, 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.



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Academic Program Name: _____

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