Graduate Curriculum Change: Action Item

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| Department/program/concentration: |       | Date: |       |
| NOTE: CHANGES APPROVED BY THE PROVOST BEFORE JANUARY 31 WILL BE PUBLISHED IN THE BULLETIN FOR THE NEXT ACADEMIC YEAR.If you wish to request an effective date earlier or later than this deadline stipulates, provide details in section III below. |
| Check all that apply and supply requested information. Attach required documentation. |
| [ ]  | Change in total semester credit hour requirements for a degree or certificate program |
|  | Current requirement: |       | Proposed requirement: |       |  |
| [ ]  | Add/remove required course(s) or change course(s) from an elective to a requirement in a degree or certificate program. (List prefix and number; list multiple course on following pages.) |
|  | Add: |       | Remove: |       | Change: |       |
| [ ]  | Add/remove elective course(s) or change course(s) from a requirement to an elective in a degree or certificate program when the change affects total hours and/or affects another department.\* (List prefix and number; list multiple courses on the following page.) |
|  | Add: |       | Remove: |       | Change: |       |
| [ ]  | Add or remove course prerequisite(s) when the change affects total hours for a degree/certificate program and/or affects another department/program area.\* |
|  | Course prefix and number: |       | Remove: |       |
|  | Add: |       |
| [ ]  | Change level and/or credit value of course. Do the course expectations warrant the change in level or credit value? Justify on page 2 and attach relevant documentation (e.g., syllabus). |
|  | Course prefix: |       | Current course number: |       | Proposed course number: |       | (Consult the registrar for available course number.) |
| [ ]  | Remove course(s) from the Bulletin when the change affects total hours and/or affects another department or program area.\*(Note: The course(s) will be inactive for a period of five years, and can be reinstated by submitting Curriculum Form G2-I. After five years, the course(s) will be deleted, and can be reinstated only through the new course proposal process.) |
|  | Course(s) (list prefix and number): |       |
| [ ]  | Other (specify): |       |
| \*If the change affects another department, attach a signed letter from the department’s chair describing the impact on the department. |
| Does the change affect student financial aid? |  | Consult Curriculum Attachment C for qualifying changes. If YES, attach Curriculum Attachment C signed by the Director of Financial Aid. |
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| Recommended by Department and College |
| 1. |  |  | 2. |  |  |  |
|  | Department Curriculum Committee | Date |  | Department Chair | Date |  |
| 3. |  |  | 4. |  |  |  |
|  | College Curriculum & Assessment Committee | Date |  | College Dean | Date |  |

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| Recommended by University Councils |
| Does this change affect a teacher education program? |  | 5. |  |  |  |
| If YES, must be reviewed by the Professional Education Council. |  | Professional Education Council | Date |  |
| 6. |  |  | 7. |  |  |  |
|  | Graduate Council | Date |  | Council of Deans | Date |  |
| Submit proposals to the appropriate university Council at least one month before the meeting at which action is desired. Summer submissions may not be considered until the fall term. |

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| Approved by | Recorded in the Bulletin by |
| 8. |  |  | 9. |  |  |  |
|  | Provost | Date |  | Office of the Provost | Date |  |
| Recorded in Banner by | Recorded in Degree Works by |
| 10. |  |  | 11. |  |  |  |
|  | Office of the Provost | Date |  | Graduate School | Date |  |
| The Office of the Provost sends the signed original to the Graduate School. The Graduate School retains the original and sends a copy to the originating department. |

Address items I–III by typing or pasting the response in the area below each section.

I. DESCRIPTION OF AND JUSTIFICATION FOR CURRICULUM CHANGE

Describe the curriculum change (if the change involves multiple courses, list them here). Why is this change being proposed? How does it advance the goals and objectives of the degree/certificate program? If this change is being proposed in response to a national or regional accrediting agency, please attach verification.

Click here to enter text.

II. PROPOSED REVISIONS TO THE GRADUATE BULLETIN

Cut and paste below the relevant section(s) of the current Graduate Bulletin. ~~Strikethrough~~ text to be deleted. Highlight text to be added.

Right click here to paste.

III. EFFECTIVE DATE REQUEST

If you wish to request an effective term different from that stipulated in this form’s headnote, indicate the requested effective term here and provide justification. If not, enter N/A.

Click here to enter text.