New Graduate Program Transmittal Form

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |  | Date: |  |

NOTE: upon completion of all required approvals, NEW programs WILL BE PUBLISHED IN THE BULLETIN FOR THE NEXT ACADEMIC YEAR.

If you wish to request a particular effective term, provide details on the following page.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title of program/concentration: | | |  | | |
| Check the type of program and supply the requested information. Attach required documentation. | | | | | |
|  | | **New degree program** (Attach ADHE Form P-1 and Curriculum Attachment D.\*) | | | |
|  | | **New degree program by “reconfiguration” of an existing degree program** (Attach ADHE Attachment K and Curriculum Attachment D.\*) | | | |
|  | | **New certificate program** (Attach ADHE Attachment H, Curriculum Attachment D,\* AND Curriculum Attachment C signed by the Director of Financial Aid.\*\*) | | | |
|  | | **New concentration in an existing program** (Attach ADHE I1 and Curriculum Attachment D.\*) | | | |
| \* | Consult the Director of Assessment before completing Curriculum Attachment D. This attachment, signed by the Director of Assessment, must accompany the curriculum proposal throughout the internal curriculum process. | | | | |
| \*\* | Consult the Director of Financial Aid early in the development of a new certificate program to determine whether students enrolled in the program will be eligible for financial aid. Attachment C must accompany the proposal throughout the internal curriculum process. | | | | |
| Are any of the prerequisites or requirements of the proposed program offered by another department? | | | |  |  |
| If YES, attach a signed letter from each department’s chair describing the impact on the department. | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Recommended by Department and College | | | | | | |
| 1. |  |  | 2. |  |  |  |
|  | Department Curriculum Committee | Date |  | Department Chair | Date |  |
| 3. |  |  | 4. |  |  |  |
|  | College Curriculum & Assessment Committee | Date |  | College Dean | Date |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Recommended by University Councils | | | | | | | | | |
| Submit proposals to the appropriate university Council at least one month before the meeting in which action is desired. | | | | | | | | | |
| Is this a new teacher education program or option? | | | |  |  | |  |  |  |
| If YES, it must be reviewed by the Professional Education Council. | | | | |  | |  | |  |
| 5. |  |  | | | 6. | |  |  |  |
|  | Professional Education Council | Date | | |  | | Graduate Council | Date |  |
| 7. |  | |  | | |  |  |  |  |
|  | Council of Deans | | Date | | |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Approved by** | | | |  | | | | |
| 8. |  | |  | 9. |  | |  |  |
|  | Provost | | Date |  | President | | Date |  |
| The Office of the Provost sends all required documentation to the AHECB and the Board of Trustees. | | | | | | | | |
| 10. | Letter of Intent to AHECB (if required) |  | | 11. | Notification to or Approval by Board of Trustees (as required) |  | |  |
|  |
|  | Date | |  | Date | |  |
| 12. | **Notification to or Approval by AHECB (as required)** |  | | Recorded in Bulletin by | | |  |  |
|  |  | Date | | 13. |  | |  |  |
|  |  |  | |  | Office of the Provost | | Date |  |
| Recorded in Banner by | | | | Recorded in Degree Works by | | | | |
| 14. |  | |  | 15. |  | |  |  |
|  | 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 the following items by typing or pasting the response in the area below the section.

I. PROPOSED REVISION 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.

Click here to enter text.

II. EFFECTIVE TERM REQUEST

If you wish to request a specific effective term, indicate the requested effective term here and provide justification. If not, enter N/A.

Click here to enter text.