Graduate Program Transmittal Form

Consult the Associate Provost for Institutional Effectiveness before completing this form and associated attachments.

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |       | Date: |       |
| Title of program/concentration: |       |
| Check the type of program or program revision and supply the requested information. |
| [ ]  | **Change the title of a program** (Attach ADHE LON Attachment A.) |
| [ ]  | **New degree program** (Attach ADHE Form P-1 and Curriculum Attachment D.\*) |
| [ ]  | **New degree program by “reconfiguration” of an existing degree program** (Attach ADHE LON Attachment K and Curriculum Attachment D.\*) |
| [ ]  | **New certificate program** (Attach ADHE LON Attachment H, Curriculum Attachment D,\* AND Curriculum Attachment C\*\*) |
| [ ]  | **New concentration, emphasis, option, or track in an existing program** (Attach ADHE LON Attachment I1 and Curriculum Attachment D.\*) |
| [ ]  | **Reactivation of a degree or certificate program inactive for less than 5 years.** (Attach ADHE LON Attachment G.) |
| [ ]  | **Substantial curriculum revision to an existing degree or certificate program** (Attach ADHE LON Attachment N. Minor curriculum revisions should use Curriculum Form G2-A or G2-I. Consult the Associate Provost for Institutional Effectiveness for assistance.) |
| \* | 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 or school? |  |  |
| If YES, attach correspondence from the department’s chair or school director describing the impact on the department/school. |
| Recommended by Department and College |
| 1. |  |  | 2. |  |  |  |
|  | Department Curriculum Committee | Date |  | Department Chair | Date |  |
| 3. |  |  | 4. |  |  |  |
|  | College Curriculum & Assessment Committee | Date |  | College Dean | Date |  |

|  |
| --- |
| Submit proposals to the appropriate university Council(s) at least one month before the meeting in which action is desired. |
| **Recommended by University Councils** |
| Is this a new teacher education program or option? |  |  |  |  |  |
| If YES, it must be reviewed by the Professional Education Council and approval from the Division of Elementary and Secondary Education attached. |
| 5. |  |  | 6. | **DESE Approval (if required)** |  |  |
|  | Professional Education Council | Date |  |  | Date |  |
| 7. |  |  | 8. |  |  |  |
|  | Graduate Council | Date |  | Council of Deans | Date |  |

|  |  |
| --- | --- |
| **Approved by** |  |
| 9. |  |  | 10. |  |  |  |
|  | Provost | Date |  | President | Date |  |
| The Office of the Provost sends all required documentation to the UCA Board of Trustees and the AHECB. The approval process is not complete until the notification has appeared in an AHECB meeting agenda. |
| 11. | Letter of Intent to AHECB (if required) |  | 12. | Notification to or Approval by Board of Trustees (as required) |  |  |
|  |
|  | Date |  | Date |  |
| 13. | **Notification to or Approval by AHECB (as required)** |  | Recorded in Bulletin by |  |  |
| 14. |  |
|  |
|  |  | Date |  | Office of the Provost | Date |  |
| The Office of the Provost retains a copy and sends the original to the Office of the Registrar for changes in Banner and Degree Works. The Office of the Registrar sends the signed original to the Graduate School for changes in Degree Works.  |
| Recorded in Banner by | Recorded in Degree Works by |
| 15. |  |  | 16. |  |  |  |
|  | Office of the Registrar | Date |  | Graduate School | Date |  |
| 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.