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 P Œ } P Œ u ~ Z o } Œ [• } Œ • • }] š [• P P • • P 0 P • •

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☐   ☐

☐   [CIP code](#)*

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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] š] u ‰ š • š µ 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 change (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 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:

    _____

<div align="center">Assurance of College/School/Institute Level Endorsement</div>

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 wildcard 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, Z o} Œ[•U u•š Œ[•U degree)		