**PROGAM REVISION PROPOSAL**

**All forms must be submitted with:**

**Department minutes showing discussion/approval and signed hard copy to Academic Affairs.**

**Attach NEW program outline.**

**Fill in all sections (1 - 6)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1 – GENERAL INFORMATION** | | | |
| Initiator: Click here to enter text. | Department: Click here to enter text. | Date Submitted: Click here to enter a date. | Effective Term/Year: Click here to enter text. |
| E-mail: Click here to enter text. | Phone Number: Click here to enter text. | State Mandated? Yes No | |
| **Section 2 – PROGRAM DETAILS - CURRENT Degree Type**:  B.A.  B.S.  A.A.  A.S. Technical Certificate  PSAV | | | |
| CIP Code: Click here to enter text.  TSC Program ID: Click here to enter text. | Program Title (no abbreviations): Click here to enter text. | | |
| **DOES THE CIP CODE CHANGE? YES NO IF YES, ALSO COMPLETE Section 6 - PROGRAM DELETION** | | | |
| IF NOT STATE MANDATED- Rationale for revising program: Click here to enter text. | | | |
| **Section 3 – PROGRAM DETAILS - REVISED Degree Type**:  B.A.  B.S.  A.A.  A.S. Technical Certificate  PSAV | | | |
| CIP Code: Click here to enter text.  TSC Program ID: Click here to enter text. | Program Title (no abbreviations): Click here to enter text. | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 4 – MODIFY - to add/delete courses, fill in section 5** | | | | | | | | | | |
| **FROM** | | | | | **TO** | | | | | |
| Program Title: Click here to enter text. | | | | | Program Title: Click here to enter text. | | | | | |
| Total Credit Hours: Click here to enter text. | | | | | Total Credit Hours: Click here to enter text. | | | | | |
| Total Clock Hours Click here to enter text. | | | | | Total Clock Hours: Click here to enter text. | | | | | |
| Program Description: Click here to enter text. | | | | | Program Description: Click here to enter text. | | | | | |
| Other Program Changes: Click here to enter text. | | | | | | | | | | |
| **Section 5 –ADD/DELETE COURSES** | | | | | | | | | | |
|  | **COURSES TO BE ADDED TO PROGRAM** | | | | | | **COURSES TO BE DELETED FROM PROGRAM** | | |
| **GENERAL EDUCATION COURSES** | **Course ID** | **Course Title** | | **Credit/ Clock Hours** | | | **Course ID** | **Course Title** | **Credit/ Clock Hours** |
| Fill in | Fill in | | Fill in | | | Fill in | Fill in | Fill in |
| Fill in | Fill in | | Fill in | | | Fill in | Fill in | Fill in |
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| Fill in | Fill in | | Fill in | | | Fill in | Fill in | Fill in |
|  | **COURSES TO BE ADDED TO PROGRAM** | | | | | | **COURSES TO BE DELETED FROM PROGRAM** | | |
| **PROGRAM**  **COURSES** | **Course ID** | **Course Title** | | **Credit/ Clock Hours** | | | **Course ID** | **Course Title** | **Credit/ Clock Hours** |
| Fill in | Fill in | | Fill in | | | Fill in | Fill in | Fill in |
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| Fill in | Fill in | | Fill in | | | Fill in | Fill in | Fill in |
| Fill in | Fill in | | Fill in | | | Fill in | Fill in | Fill in |
|  | **COURSES TO BE ADDED TO PROGRAM** | | | | | | **COURSES TO BE DELETED FROM PROGRAM** | | |
| **PROGRAM ELECTIVES** | **Course ID** | **Course Title** | | **Credit/ Clock Hours** | | | **Course ID** | **Course Title** | **Credit/ Clock Hours** |
| Fill in | Fill in | | Fill in | | | Fill in | Fill in | Fill in |
| Fill in | Fill in | | Fill in | | | Fill in | Fill in | Fill in |
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| Fill in | Fill in | | Fill in | | | Fill in | Fill in | Fill in |
| Fill in | Fill in | | Fill in | | | Fill in | Fill in | Fill in |
| **Section 6 - PROGRAM DELETION INFORMATION (for revisions with CIP Code change)** | | | | | | | | | |
| CIP Code: Click here to enter text.  TSC Program ID: Click here to enter text. | | | Program Title (no abbreviations): Click here to enter text. | | | | | | |
| Last Date/Term for Admission to Current Program: Click here to enter text. | | | | | | Number of Students Enrolled: Click here to enter text. | | | |

**CURRICULUM PROPOSAL - Signatures**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Person submitting proposal Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/Director of Division submitting proposal Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/ Director of other affected Division Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/ Director of other affected Division Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Provost/ VP for Academic Affairs Date

Office Use only:

Date presented to APC: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by APC: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by BOT: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_