**Instructions. Complete each section below that applies to your requested change. Please put N/A in sections that do not apply. See instructions for information that should be included in each section.**

1. **Current Degree Information: \*\*\*\*\***

**College/School:** Click or tap here to enter text.

**Department:** Click or tap here to enter text.

**Program Name:** Click or tap here to enter text.

1. **Proposed Change:**
2. **Program Identification:**

Click or tap here to enter text.

1. **Justification for Change: \*\*\*\*\***

Click or tap here to enter text.

1. **Other Changes Associated With Request.**

Click or tap here to enter text.

1. **Describe changes in the curriculum:**

Click or tap here to enter text.

1. **Describe new accreditation, licensure & certification**

Click or tap here to enter text.

1. **Describe changes needed in core faculty**

Click or tap here to enter text.

1. **Cost:**

Click or tap here to enter text.

**Signatures:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Printed Name** | **Signature** | **Date** |
| **Contact for proposal:** |  |  |  |
| **Department Curriculum Chair:** |  |  |  |
| **Department Head:** |  |  |  |
| **College/School Curriculum Chair:** |  |  |  |
| **Dean:** |  |  |  |
| **University Council Chair:** |  |  |  |
| **Provost or Designee:** |  |  |  |