

## **GRADUATE PROGRAM CHANGE PROPOSAL**

(Please Print Graduate Program Change Form on Yellow Paper)

Requesting Department:					
Program:					
Program Director:		Phone:	Email:		
Chair:		Phone:	Email:		
EXISTING: Complete this column as needed	d for the	or the PROPOSED: Complete this column as needed for			
existing proposal.		proposed changes.			
Existing Title:		New Title:			
Catalog Description:		Catalog Description:			
Drop the following courses and/or require	ements:	Add the following	courses and/or requirements:		
Number of Credits required for the program:		Number of Credits required for the program:			
		List new course/cou with the Proposal.	urse change proposals submitted		
DROP THE PROGRAM		Date to be first offered:			
Changes approved by the GC deadlines will become effective the following fall term.					
Proposed Changes to:		Name	Page #		
Program:					

INCLUDE APPROPRIATE ATTACHMENTS: (check only those included; not-checked = N/A)

## Please do not submit double-sided copies.

- 1. Include a rationale for the proposed change to the graduate program.
- 2. Analysis of: staffing implications; additional costs associated with the revised graduate program.
- 3. A copy of this form was sent to the Library Liaison for a resource analysis.
- 4. Related course changes and new course proposals if applicable.
- 5. Course of courses related to the proposal.
- 6. Existing checklists with revisions noted in blue ink.
- 7. Photocopy existing catalog pages affected by the proposal with all changes noted in blue ink.
- 8. List other graduate programs affected by the proposal. Include written copies or emails of support/approval from chairs(s) or program directors from the affected graduate program.

## **REQUIRED SUPPORTING SIGNATURES**

Initiating Faculty's Signature:			Date:		
Recommendation of Graduate Program Director:	Approved	No	t Approved		
Graduate Program Director's Signature:			Date:		
Recommendation of Chair:	Approved	No	t Approved		
Chair's Signature:			Date:		
Recommendation of School Curriculum Committee Chair:	Approved	No	t Approved		
School Curriculum Committee Chair's Signature:			Date:		
Recommendation of Academic Dean:	Approved	Not	t Approved		
Academic Dean's Signature:			Date:		
Recommendation of Teacher Education Council Chair:	Approved	Not	t Approved		
Teacher Education Council Chair's Signature:			Date:		
Recommendation of Graduate Council:	Approved	No	t Approved		
Graduate Council Chair's Signature:			Date:		
Comments from Dean of Graduate Studies and Research:					
Dean of Graduate Studies and Research's Signature:			Date:		
Comments from Associate Provost:					
Associate Provost's Signature:					
Comments from Provost:					
Provost's Signature:			Date:		