Program Title:

Date approved by department/school curriculum committee _________________

Date approved by CAST curriculum committee _________________

Date forwarded to academic systems _________________

Summary of program change(s). Check all that apply.

Course changes:

____ course revision – Indicate number of revised courses.

____ new course(s) – Indicate number of new courses?

____ drop course - Indicate number of courses dropped?

Program changes:

____ revised program

____ new program

____ drop program

____ updating graduate catalog

1. What is the rationale for revising the program? Include assessment data supporting the revision

2. Title and course description changes

3. List new courses proposed

4. List courses dropped from the program

5. How does this change affect other programs in your department and the university?
6. Is the program necessary for licensure or certification? If so, please explain

7. What is the current number of credit hours required to complete the program?

8. What is the total number of credit hours (major and UCC 21 core) in the proposed revised program?

9. What is the average “time to degree” for the current program?

10. What is the impact of the revised program regarding “time to degree”?

11. How many full time-active majors are currently enrolled in the program and how many full time active majors were in the program for the last five years?

12. How many students have graduated from the program in the last five years?

13. List and explain all additional faculty and/or resources needed to deliver the program.