PROGRAM COMPONENT (Group B) OR NON-SUBSTANTIVE REQUEST FORM

*(Fill out this form if you have a program component change as defined by Board Policy III.G.d.)*

**Select the box or boxes that describe your request:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1. New component (option, minor, emphasis, concentration or specialization)
 |  |  | 5. Discontinuation of a certificate (30 credits or less) |
|  |  |  |  |  |
|  | 1. New certificate (30 credits or less)
 |  |  | 6. CIP Code change |
|  |  |  |  |  |
|  | 1. Change to program name or title, degree, department, division, college or center
 |  |  | 7. Other, please describe: |
|  |  |  |  |  |
|  | 1. Discontinuation of a component (option, minor, emphasis, concentration or specialization)
 |  |  |  |

**Required information for all selections:**

|  |  |  |  |
| --- | --- | --- | --- |
| Dept Chair Name: |  | Email: |  |
| Department/Unit: |  |
| College: |  |
| Current Program Name: |  |  | GraduateUndergraduate |
|  |
| Current program credits: |  |
| Primary Point of Contact (if different from above):  |  | Email: |  |
| Briefly describe the change you are requesting: |  |
| CIP Code: |  | New (list requested code):  |  | Existing (list the current code):  |
| What is the financial impact of the requested change:  |  | Greater than $250,000 per FY; |  | Less than $250,000 per FY; |
| Describe the financial impact: |  |
| Implementation/effective date of change or new component: |  |
| Can 50% or more of the curricular requirements of this program be completed via online or distance delivery? |  | Yes |  | No |
| If yes can 100% of the curricular requirements of this program be completed via online or distance delivery? |  | Yes |  | No |
| Please write the geographical location that this program will be offered:  |  |

**New program components and certificates – Fill out this section if you selected #1 or #2 above**

|  |  |
| --- | --- |
| Name of new component or certificate: |  |
| Number of credits: |  |
| Describe proposed new program component or certificate to include overview of program and credit requirements:  |  |
| Are there curriculum changes needed and/or do new courses need to be created: |  | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. |  | No |
| List the intended learning outcomes for the program component. Use learner centered statements that indicate what will students know, be able to do, and value or appreciate as a result of completing the program: |
|  |
| Describe the assessment process that will be used to evaluate how well students are achieving the intended learning outcomes of the program component: |
|  |
| How will you ensure that the assessment findings will be used to improve the program? |
|  |
| What direct and indirect measures will be used to assess student learning? |
|  |
| When will assessment activities occur and at what frequency? |
|  |

**Modifications/Name Changes/CIP Code Changes – Fill out this section if you selected #3 or #6 above**

|  |  |
| --- | --- |
| Current name of component or degree: |  |
| New name of component or degree:  |  |
| Number of credits: |  |
| Describe the modification are you making: |  |
| Name of major or degree that the component is attached to: |  |
| Describe rationale for the modification:  |  |
| Indicate whether program, curriculum, course and admission requirements remain the same. |  | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. |  | No |
| Are any of the learning outcomes changing: |  | Yes – if yes fill out question below |  | No |
| List the new learning outcomes: | 1.2.3.4.5. |

**Discontinuation – Fill out this section if you selected #4 or #5 above**

|  |  |
| --- | --- |
| What are you requesting to discontinue: |  |
| What is the student impact if any? |  |
| Are there curriculum changes needed and/or do new courses need to be created:  |  | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. |  | No |

**Signatures – Required for all selections:**

|  |  |  |  |
| --- | --- | --- | --- |
| Dept/Unit Curriculum Committee Approval Date: |  | Vote Record:  |  |
| Dept Chair Signature of Approval |  |
| College Curriculum Committee Approval Date: |  | Vote Record: |  |
| Dean Signature of Approval |  |