UNIVERSITY CURRICULUM COMMITTEE

**Curricular Proposal Form**

**Instructions**: Clearly mark all changes using Track Change or strikethroughs for deletions and underlines for additions. Following the approval of the appropriate college curriculum committee, a single representative for the college will e-mail the completed form to the Academic Publications Editor in the Registrar’s Office for review by the University Curriculum Committee (UCC).

Incomplete forms will be returned to the college for correction and may delay their approval.

**Deadline:** This form must be submitted to the Academic Publications Editor by October 1st for inclusion in the next available General Catalog and to be available for scheduling beginning with the next summer semester.

**Submission Information**

|  |  |
| --- | --- |
| College: |  |
| Department/Unit: |  |
| Dept/Unit Approval Date: |  |
| College Approval Date: |  |

**Curricula Information**

**Clearly mark all changes using Track Change or strikethroughs for deletions and underlines for additions.**

|  |  |
| --- | --- |
| Degree: |  |
| Major: |  |
| Minor: |  |
| Academic Certificate: |  |
| Teaching Major/Minor: |  |

|  |  |
| --- | --- |
| Curriculum: |  |

**Distance Education Availability**

To comply with the requirements of the Idaho State Board of Education (SBOE) and the Northwest Commission on Colleges and Universities (NWCCU) the University of Idaho must declare whether 50% or more of the curricular requirements of a program which may be completed via distance education.

The U.S. Department of Education defines distance education as follows:

*Distance education means education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include--*

1. *The internet;*
2. *One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;*
3. *Audio conferencing; or*
4. *Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Can 50% or more of the curricular requirements of this program be completed via distance education?\* | Yes\*\* |  | No |  |
| \*\*If Yes, can 100% of the curricular requirements of this program be completed via distance education? | Yes |  | No |  |

**\*Note: Existing programs transitioning from less than 50% of its curricular requirements to 50% or more of its requirements being available via distance education is considered a Group C change and must complete the program proposal formwork before these changes will be processed.**

**Geographical Area Availability**

Identify the geographical area(s) this program can be completed in:

|  |  |
| --- | --- |
| Moscow |  |
| Coeur d’Alene |  |
| Boise\* |  |
| Idaho Falls\* |  |
| Other\*,\*\* |  | Location(s): |  |

\*Note: Programs offered in regions 3, 4, and/or 5 may require additional formwork from the State Board of Education. See [Idaho Statute 33-2101](https://legislature.idaho.gov/idstat/Title33/T33CH21SECT33-2101.htm) for more information on the regions. Contact the Office of the Provost for additional information.

\*\*Note: If Other is selected identify the specific area(s) this program will be offered.

**Student Learning Outcomes**

Please indicate whether 25% or more of the program learning outcomes are changing as a result of this proposal: □Yes □No

\*\*Note: If you answered YES to this question, complete the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | List Old Learning Outcomes | New Learning Outcome, if changed  *(if no change, write N/A*  *and move to next outcome)* | New Direct Measure  *(list student work product and explain how it will be evaluated)* | Have you updated the assessment cycle to include this change? *(yes/no)* |
| SLO#1 |  |  |  |  |
| SLO#2 |  |  |  |  |
| SLO#3 |  |  |  |  |
| SLO#4 |  |  |  |  |
| SLO#5 |  |  |  |  |

**Rationale and Assessment**

Rationale for the proposed change. Include an explanation of how the department will manage the added workload, if any. Summarize how the learning outcomes will be assessed for the proposed curriculum.

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**Office of the Registrar Information**

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| --- | --- |
| Date Received by UCC Secretary: |  |
| UCC Item Number: |  |
| UCC Approval Date: |  |
| General Curriculum Report Number: |  |