

Date:

INITIATOR INFORMATION

Initiator:

Email:

Phone #:

College/School:

Department:

Division:

CIP Code:

PROPOSED ACTIONS -

<input type="checkbox"/> New Major	<input type="checkbox"/> Cross-referencing Numbers	<input type="checkbox"/> Archive Major	<input type="checkbox"/> Change in Contact Hours
<input type="checkbox"/> New Degree Program	<input type="checkbox"/> Change in Course Title	<input type="checkbox"/> Archive Program	<input type="checkbox"/> Addition of Prerequisite
<input type="checkbox"/> New Online Degree Program	<input type="checkbox"/> New Certificate Program	<input type="checkbox"/> New Online Certificate Program	<input type="checkbox"/> Add existing course to curriculum as a requirement
<input type="checkbox"/> New Concentration	<input type="checkbox"/> Change in Course Number	<input type="checkbox"/> Archive Concentration	<input type="checkbox"/> Deletion of Prerequisite
<input type="checkbox"/> New Minor	<input type="checkbox"/> Change in Credit Hours	<input type="checkbox"/> Archive Minor	<input type="checkbox"/> Change Course to Elective
<input type="checkbox"/> New Course and New Course Number	<input type="checkbox"/> Change in Course Description	<input type="checkbox"/> Archive Course	<input type="checkbox"/> Change Course to Requirement
<input type="checkbox"/> Change in Sequence of Courses	<input type="checkbox"/> Change in Grading System	<input type="checkbox"/> Other: Explain	
Course Number/Course Title Change (If applicable to Proposed Actions): <input type="checkbox"/> Required <input type="checkbox"/> Elective <input type="checkbox"/> General Education			

DESCRIPTION OF COURSE

Present Course Description: (List the course number and course title)	Proposed Course Description: (List the course number and course title)
---	--

RATIONALE

Provide rationale for the proposed action:

ATTACHMENTS – Check all that apply and submit with proposal.

<input type="checkbox"/> Old Curriculum Sheet	<input type="checkbox"/> New Curriculum Sheet	<input type="checkbox"/> Course Outline	<input type="checkbox"/> Bibliography
<input type="checkbox"/> Program Documents	<input type="checkbox"/> Accreditation Documents	<input type="checkbox"/> Syllabus	<input type="checkbox"/> Other: Specify

SCREENING COMMITTEE ACTION – To be completed by the Screening Committee Chair

Date Received:

Date Screened:

Screening Committee Chair Signature

