CURRICULUM CHANGE FORM

**(OTHER THAN NEW COURSE PROPOSAL OR NEW MAJOR/MINOR)**

PROVIDE THE INFORMATION ABOUT THE CHANGE IN THE ORDER BELOW—DO NOT OMIT A SECTION.

**\_\_\_\_\_Requires Approval \_\_\_\_\_FYI**

1. PROPOSED CHANGE BRIEF SUMMARY (Example: course number change, prefix change, curricular revision, significant change to course description and/or delivery, etc.):
2. CURRENTLY (include current information as it appears in the catalog):
3. CHANGE (include exactly how it will appear in the catalog if approved):
4. RATIONALE (provide explanation and any background for this change):
5. SACSCOC IMPLICATIONS (Indicate whether this change will require SACSCOC notification or approval by reviewing ETBU Policy 1.4.03.) To determine whether a new program is a “significant departure,” it is helpful to consider the following questions:

• What previously approved programs does the institution offer that are closely related to the new program and how are they related?

• Will significant additional equipment or facilities be needed?

• Will significant additional financial resources be needed?

• Will a significant number of new courses will be required?

• Will a significant number of new faculty members will be required?

• Will significant additional library/learning resources be needed?

1. FISCAL IMPLICATIONS:

PERSONNEL (faculty/staff/student worker):

RESOURCES (needed or released, including facilities, supplies, and equipment):

**PROJECTED TOTAL COST/SAVINGS OF CHANGE:**

1. APPROVED BY:

THE DEPARTMENT OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON \_\_\_\_\_\_\_\_\_\_\_

(Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Signature Date

THE SCHOOL OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

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School Dean Signature Date

TEACHER EDUCATION COUNCIL (if required) ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

DEANS COUNCIL (if required) ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

UNIVERSITY FACULTY (if required) ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

V. P. FOR ACADEMIC AFFAIRS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

Revised April 2020