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. FISCAL IMPLICATIONS:

PERSONNEL (faculty/staff/student worker):

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

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

6. APPROVED BY:

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

(Date)

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

Department Chair Signature Date

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

(Date)

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

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)

2/16