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