

CATALOG CHANGES

Area: _____ Concentration Name: _____

Submitted by _____ Date _____

Add: (check all that apply) Course Number Credit Hours Title Content
 Description Prerequisites Cross-listing Degree plan change
 Undergrad & Graduate Handbook Changes

Modify: (check all that apply) Course Number Credit Hours Title Content
 Description Prerequisites Cross-listing Degree plan change
 Undergrad & Graduate Handbook Changes

SUBJECT OF PROPOSAL

Summary
and
Rationale
of the
Proposal

AREA COORDINATOR NAME (*Performance Department only*): _____

Comments

Approved to Concentration Coordinator Sent Back to Submitting Faculty for Further Clarification

Signature of Area Coordinator: _____ Date: _____

CONCENTRATION COORDINATOR NAME: _____

Comments

Approved to Department Chair Sent Back to Area or Submitting Faculty for Further Clarification

Signature of Concentration Coordinator: _____ Date: _____

DEPARTMENT NAME: _____

Comments
&
Concerns

Resource Implications of this Action: (check all that apply)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Reassignment of Faculty | <input type="checkbox"/> Additional Faculty | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Graduate Assistant Support | <input type="checkbox"/> Space | |
| <input type="checkbox"/> Space | <input type="checkbox"/> Equipment | <input type="checkbox"/> Other _____ |

Does this Action Affect: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Modification or replacement of any existing course or program | <input type="checkbox"/> Total credits for any program |
| <input type="checkbox"/> Any General Education Requirements | <input type="checkbox"/> Any other degree or program |
| <input type="checkbox"/> Any prerequisites | |
| <input type="checkbox"/> Approved to Undergraduate/Graduate Studies | <input type="checkbox"/> Sent Back to Concentration for Further Clarification |

Signature of Department Chair: _____

Date: _____

UNDERGRADUATE and/or GRADUATE STUDIES DIRECTOR NAME: _____

Comments
&
Concerns

Does this Action Affect: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Modification or replacement of any existing course or program | <input type="checkbox"/> Total credits for any program |
| <input type="checkbox"/> Any General Education Requirements | <input type="checkbox"/> Any other degree or program |
| <input type="checkbox"/> Any prerequisites | |

Approved to the Associate Dean Denied

Signature of Undergraduate/Graduate Director: _____ Date: _____

ASSOCIATE DEAN NAME: _____

Comments
&
Concerns

Approved to Full Faculty Denied

Signature of Associate Dean: _____ Date: _____

FULL FACULTY Approved Denied Date: _____
