**NORTH CAROLINA CENTRAL UNIVERSITY**

**GRADUATE Curriculum Change Request** **Signature page**

**(Please check the appropriate box; use separate forms for each request.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Request** | **Material to Submit** | **Program name or Course Prefix/No./Title** | **Effective Date** |
| New Program  (Planning) | * GA Letter of Intent * GA Budget Form |  |  |
| New Program  (Requesting) | * Part II of the information form * GA Request to Establish form |  |  |
| Online delivery of  an existing program | * Part II of the information form * GA Request to Deliver form |  |  |
| New Certificate  Program | * Parts II & III of the   information form |  |  |
| Deactivate Program | * Part III of the information   form |  |  |
| Program  Modification | * Parts II & III of the information form |  |  |
| New Course | * Parts I & III of the information form |  |  |
| Course  Modification | * Parts I & III of the information form |  |  |
| Deactivate Course | * Part III of the information form |  |  |

**Initiator**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | | |
| Last Name |  | First Name |  | Signature | | |
|  | | |  |  |  | Click here to enter a date. |
| Department |  |  |  | College/School |  | Date Submitted |

**Faculty Senate Review (Only major curriculum changes such as new programs are reviewed** **by the Faculty Senate)**

|  |  |
| --- | --- |
| Recommendations  No Recommendations | Enter recommendations here:  Click here to enter text. |
| Print Name of Faculty Senate Reviewer |

**(Required Signatures)**

**Approved Not Approved Date**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Chairperson of Department/Director of Program |  |  |  |  |  |  |
| Chairperson, School/College Curriculum Committee |  |  |  |  |  |  |
| Dean of School/College |  |  |  |  |  |  |
| Dean, School of Graduate Studies |  |  |  |  |  |  |
| Director of University Accreditation (*if proposal impacts SACS Accreditation*) |  |  |  |  |  |  |
| Academic Planning Committee | Process completed by the Registrar on | | | | |  |
| Registrar |  | | | | |  |

**I. Request for New Course or Change in an existing Course**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF CHANGE:** |  | Revision in content |  | Pre/Co requisites |
|  |  | Prefix/Number |  | Description |
|  |  | Title |  | Course to be Dropped |
|  |  | Credit Hours |  | New Course |

1. **Course Prefix and Number:** Click or tap here to enter text.
2. **Course Title:** Click or tap here to enter text.
3. **Credit Hours**: Click here to enter Credit Hours
4. **For a new course or deactivated course, provide the catalog text:**

|  |
| --- |
| Click here to enter text. |

1. **For a revised course, provide the current catalog text with the proposed changes using ~~strikethrough~~ for deletions and underlines for additions:**

|  |
| --- |
| Click here to enter text. |

1. **Pre/co- requisites:**

|  |
| --- |
| Click here to enter text. |

1. **Impact on other departments/programs:**

|  |
| --- |
| Click here to enter text. |

**II. Request for New Program or Change in an existing Program**

1. **Program Modifications:**

|  |
| --- |
| Click here to enter text. |

1. **For a new program, provide the program requirements to be shown in catalog:**

|  |
| --- |
| Click here to enter text. |

1. **For a revised program, provide the current program requirements as shown in catalog using ~~strikethrough~~ for deletions and underlines for additions:**

|  |
| --- |
| Click here to enter text. |

1. **For a deactivated program, provide the current program requirements as shown in catalog:**

|  |
| --- |
| Click here to enter text. |

**III. All Requests**

1. **Anticipated Yearly Enrollment:**
2. **Resources:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. New Faculty: | Yes |  | No |  | If yes, FTE |  |
| 1. New Staff: | Yes |  | No |  | If yes, FTE |  |
| 1. Release Time | Yes |  | No |  | If yes, FTE |  |
| 1. New Equipment: | Yes |  | No |  | If yes, give year of project: |  |
| 1. Additional supplies: | Yes |  | No |  | If yes, give estimated cost |  |

1. **Justification for Proposed Changes:**
2. How does the course or program help achieve the goals of the Department?

|  |
| --- |
| Click here to enter text. |

1. How does the course or program help achieve the goals of the University?

|  |
| --- |
| Click here to enter text. |

1. What is the demonstrated need for the course or program?

|  |
| --- |
| Click here to enter text. |

1. Have consultations with affected departments or programs been conducted prior to submission of the proposed change? State outcome of such consultations.

|  |
| --- |
| Click here to enter text. |

1. What is the plan for meeting the resource needs of the proposed change?

|  |
| --- |
| Click here to enter text. |

1. Is the course credit compatible with the regular scheduling process?

|  |
| --- |
| Click here to enter text. |