APPLICATION FOR APPROVAL OF

NON- SUBSTANTIVE CHANGES

**May, 2016**

Program Information

|  |  |
| --- | --- |
| Existing Degree (BS, MA, etc.): | [CIP Code](https://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55): |
| Existing Major (Physics, Business, etc.):(List both if dual degree) |
| Existing Concentration/Minor(s): |
| Contact Person for this program: |
| Existing Department: |
| School: |
| Program Delivery: face-to-face\_\_\_\_ online\_\_\_\_ off-campus\_\_\_\_(check all that apply) |
|  |
| APPROVALS (please provide signatures and approval dates for each committee or Council) |
| Department Faculty |
| School Curriculum Committee |

Questions Regarding Non- Substantive Change

1. Which of the following program components will be changed? (select all that apply)
	1. Department
	2. Degree
	3. Major
	4. Concentration
	5. Minor
2. Please select the type of change being proposed (select all that apply)
	1. Name change
	2. Deactivation of major, concentration, or minor
	3. Change in more than 15% of courses in the major, concentration, or minor
	4. Change of delivery (language, online, off-campus, timing or length of courses)
	5. Change of less than 15% of courses in the major, concentration, or minor

*Note: if a, b, c, or d are chosen, you will need to submit the Application for Approval of Substantive Changes, or possibly an Application for Approval of New Programs, or Concentration or Minor.*

1. (if 2.e.) Provide a list of the course changes below. (Add rows as needed):

|  |  |  |  |
| --- | --- | --- | --- |
| Current Course Requirements | Cr. | Proposed Course Requirements | Cr. |
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Note: For any new courses, you will need to submit separate new course applications.

1. Please provide a rationale for the proposed change
2. Provide an updated plan of work for students to proceed through the program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Fall | Cr | Spring  | Cr |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |