APPLICATION FOR APPROVAL OF OTHER 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) |
| Proposed Name of Major (if different): |
| Existing Concentration/Minor(s): |
| Proposed Name of Concentration/Minor (if different): |
|  |
| Contact Person for this program: |
| Existing Department: |
| Proposed Department (if different): |
| 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 |
| School of Distance Education (as needed) |
| Graduate/Undergraduate Council |
| If deactivating a degree or major, this change requires approval by the Board |
| Date of Board |

Questions Regarding 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. Transfer from one department to another

*Note: if both (a) and (c) are chosen, you may need to submit the Application for Approval of New Programs, or Concentration or Minor.*

1. (if 2.a. or b.) Provide the program component(s) and/or name(s) to be deactivated and effective date of deactivation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. (if 2.a. or b.) Describe the process for accommodating students in the program to be deactivated (i.e. will they finish in existing or be transferred to the new)?
3. (if 2.c.) 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

(If 2.d.)

1. Where/How will the majority of this program be offered (campus)? (choose all that apply)
2. Main campus
3. Distance
4. Off-campus location, US
5. Off-campus location, international
6. (if Distance) How would you describe the distance delivery of this program?
7. Interactive online
8. Self-paced
9. If at an off-campus location, please provide the full street address(es)
10. (if Distance or multiple campuses) Please describe any variations in the curriculum (i.e. content, courses) by delivery\_\_\_\_\_\_
11. If any portion of the program delivery is being modified, please list the full curriculum, with delivery method listed for each course. This step is crucial for correctly describing the program in the bulletin for students, for accreditation, for immigration, and for disbursement of Federal financial aid.
12. Provide a typical plan of work for students to proceed through the modified program.

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

1. Will the courses for the program fit within the dates defined by Andrews’ academic calendar (for fall, spring, & summer)?
2. Yes
3. No
4. (if calendar is no) When will the instruction typically occur?
5. How long will the courses for the program typically run (including any pre-work, instruction, & post-work)?
6. 15 weeks (standard term)
7. 8 weeks (2 per standard term)
8. 3 months
9. 6 months
10. 9 months
11. 12 months
12. What is the language of instruction?
13. English
14. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_