## CURRICULUM CHANGE MEMO

**Date:**

**From: Proposing Faculty Member, Department**

**Through: Chair, Department**

**Through: Dean, College**

**To: Chair, Undergraduate Curriculum Committee or Graduate Council**

**Proposal Title:**

**Select the proposal content (select as many as apply) and provide the rationale.**

**Content**

New program or  Program Change

Bachelor’s

Master’s

Doctoral/Professional

Certificate

Fast Track

Minor

Concentration/Track

New Course

Closure (program, certificate, minor, concentration)

Change

CIP Code

Program/certificate SCH

Course Title

Course Description

Graduate Program Admission Requirements

**Rationale**

**DEGREE AND CERTIFICATE PROGRAM CLOSURE**

**THECB Required Information**

Degree Level:

Degree Designation Abbreviation (e.g. MA):

Degree Designation Description (e.g. Master of Arts):

Degree Program Title (e.g. Psychology):

Degree Program CIP Code:

Administrative Unit Name & Number (e.g. Department of Biology):

Last Date Students were/will be admitted to the program:

Degree Program Closure Date:

**SACSCOC Required Information**

1. How will affected parties be informed of the closure, including a) students; b) faculty; and c) staff?
2. Teach-out plan, including: a) how will current students be helped to complete their programs of study with minimal disruption or additional costs; b) will students incur any additional costs or expenses because of the teach-out and how they will be notified of these costs; c) copies of signed teach-out agreements with other institutions, if applicable.

1. If applicable, please describe how: a) faculty will be redeployed or helped to find new employment; b) staff will be redeployed or helped to find new employment. If not applicable, please explain briefly.