**CURRICULUM PROPOSAL**

**APPROVAL PAGE**

**Proposal Title:**

**College:       Department:**

**DEPARTMENT CHAIR- Insert Department Chair Name**

**I have read the enclosed proposal and approve this proposal on behalf of the department.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**COLLEGE CURRICULUM COMMITTEE CHAIR - Insert Chair Name**

**I have read the enclosed documents and approve the proposal on behalf of the college curriculum committee.**

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**Signature Date**

**COLLEGE DEAN - Insert Dean Name**

**I have read the enclosed documents and approve the proposal on behalf of the college. I certify that the necessary funds will be allocated by the college in support of this proposal.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

## 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**

**SEMESTER CREDIT HOUR (SCH) CHANGE**

**Institution:** The University of Texas at El Paso

**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)**:

**Proposed Effective Date of Change**:

**Current Program SCH**: 

**Proposed Program SCH**: 

***If Request Type = SCH Increase – Accreditation or Licensure Reason***

Please provide a summary of the changes in requirements from an accreditation agency or licensing body that require a SCH increase. 

***If request type = Semester Credit Hour (SCH) Increase – Other Reason***

Please provide a summary of the compelling academic reason(s) for an increase in SCH. 

***If request type = SCH Decrease***

Will the SCH decrease bring total SCH required for the degree below the required SCH for the degree level?

Yes

No

**Degree Plan**

*Copy and paste text (if applicable) and degree plan from catalog here*