**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.**

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

**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**

**CIP CODE CHANGE REQUEST**

**Request type:** CIP Change

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

**Degree Level (bachelor's, master's, doctoral**):

**Degree Designation Abbreviation (e.g. MA)**:

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

**Degree Program Title (e.g. Psychology)**:

**Current Degree Program CIP Code**: 

**Proposed Degree Program CIP Code:**

**New CIP Code Name**:

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

**Proposed effective date of change**:

If applicable, describe the curricular changes that have been implemented to align the degree program with the requested CIP code and attach a copy of the revised curriculum that highlights the changes made.

*Note: Curricular changes that warrant a CIP code change would typically include more than 50% of the curriculum. If the request includes a change to a STEM CIP code from a non-STEM CIP code, please describe the change in learning outcomes such as emphasis on the scientific method, quantitative research, etc.):*

If applicable, describe what changes have been made to the composition of faculty to ensure content area expertise in the requested CIP code:

If applicable, describe any accreditation implications of the requested CIP code change:

If no curricular or faculty changes have been made, please describe the *academic* rationale for the requested change (e.g., changes to the overall designation of the discipline, students being prepared for employment in additional or alternate fields, accreditation requirements, etc.):

Provide up to five examples of similar programs with the proposed CIP code:

|  |  |  |
| --- | --- | --- |
| **Institution** | **Degree Title & Designation** | **CIP Code** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Provide link to degree

**Required attachment:**

* Degree program revised curriculum highlighting the changes

Additional Online Fields & Required Attachments for CIP Code Change Requests Due to Program Consolidation

**Program Consolidation Guidelines:**

A consolidated program requires at least one other degree program to be combined with another to create a new degree program or brought into an existing major as a concentration. The consolidated program should:

1. Be a more effective and efficient degree program;
2. Have a common set of courses consisting of at least 50% of the major coursework taken by all students in the degree program;
3. Identify a separate set of courses for the concentration(s)/track(s) consisting of fewer than 50% of the coursework;
4. Require limited to no new courses, faculty expertise, funding, or other resources; and
5. Result in no disadvantages to graduates of the consolidated program.

If the consolidation is approved, the start date for the consolidated program will be the start date of the oldest existing degree program. Continue to report graduates in the degree programs being phased out under the current CIP Code until the phase-out date.

Please provide a summary of the rationale for consolidation and the benefit to students: 

Please list the degree programs to be consolidated:

|  |  |  |
| --- | --- | --- |
| **Degree Program Title & Designation**  ***(e.g. Bachelor of Arts in English)*** | **CIP Code** | **Closure Date** |
|  |  |  |
|  |  |  |
|  |  |  |

Will the degrees above be consolidated into a new degree or an existing degree (select one)?

New degree program

Existing degree program

**Please provide information below for the consolidated program:**

Degree program title:

Degree program designation (e.g. Master of Science in Biology):

CIP Code (new programs only): 

CIP Code Name:

Required SCH: 

Admin Unit Name and Number: