**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**

**MINOR/CONCENTRATION CLOSURE**

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

**College**:

**Department**:

**Minor/Concentration Title**:

**Proposed Effective Date of Change**:

**Last Date Students were/will be admitted to the minor/concentration**:

**Degree Program Closure Date**:

**Reason for Closure**:

**Will any courses be deactivated as a result of this closure?**

[ ]  Yes

[ ]  No

If yes please list

\*Departments must ensure that all courses necessary to complete the minor or concentration are offered on a timely basis, or viable substitutions are identified.

**Degree Plan**

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