**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*