** CURRICULUM REVIEW REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed** **by** |  | **Department/****Program** |  |
| **College** |  | **Date** |  |
| **CURRICULUM CHANGE/STATEMENT OF ACTION REQUESTED** |
| Addition of new course/ curriculum | **[ ]**  | Deletion of course/ curriculum | [ ]  | Change in existing course | [ ]  | Substantive Course Change | [ ]  | Substantive Program Change | [ ]  |
| If adding a new course: | # of credit hours |       | Lab fee amount, if applicable |       | **If adding a new course, please attach the course description to this form.** |
| Academic Year Effective |       | Course(s) Affected I(title, prefix, number, etc.)       |
| **JUSTIFICATION OF ACTION REQUESTED**Curriculum change has been evaluated in terms of: |
| College Goals | [ ]  | Institutional Goals | [ ]  | External Accrediting Agencies | [ ]  | Library/equipmentsupport available | [ ]  | PersonnelSupport | [ ]  | FacilitySupport | [ ]  |
| **Rationale (include documentation):**      |
| **Action Required to implement change**      |
| **Recommended****Action** | **Acknowledgement by** | **Signature** |  | **Comments** |
|  | All program/major faculty members(insert rows as needed) |  | Date |  |
|  |  |  | Date |  |
|  |  |  | Date |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Department Chair |  | Date |  |
|  | College Dean (of curriculum request) |  | Date |  |
| **Please secure the signatures of other college deans before submission to curriculum committee. If proposal affects education/certification, please secure Certification Officer’s signature as well.** |
| Other College Dean’s Signature |  | Date |  |
| Other College Dean’s Signature |  | Date |  |
| Certification Officer (if appropriate) |  | Date |  |
|  | Chair, CurriculumCommittee |  | Date |  |
|  | Provost/Vice President forAcademic Affairs |  | Date |  |
| **Action****Taken:** |  |