CURRICULUM FORM NUMBER 4
CHICAGO STATE UNIVERSITY OFFICE OF ACADEMIC AFFAIRS
PROGRAM CHANGE

Please complete all entries in narrative form as requested; attach additional pages as needed. Additional information to assist you with this submission can be found in the Instructions and Appendix of the Curriculum Handbook, revised Spring, 2017. If you have any questions, please contact the Chairperson of the relevant curriculum committee or the Office of Academic Affairs. One original hard copy of all relevant documents must be submitted to Academic Affairs prior to the effective date of the action proposed. **Do not use this form to propose course changes.**

DEGREE: ________________ MAJOR: ________________ SPECIALIZATION: ________________
(B.A., B.S., M.A., PH.D.) (Full Title) (Concentration, Emphasis, Certificate)

DEPARTMENT: ____________ CHAIRPERSON: ______________________ DATE: ________ CIP Code: __________

PLEASE CHECK ONE: ADDITION ________ DELETION _________ CHANGE _________ SUSPENSION _________

PERCENTAGE OF ONLINE INSTRUCTION: _____ 0% _____ < 25% _____ up to 50% _____ > 50% _____ 100%

INSTRUCTIONS: Please “cut and paste” existing catalogue language into “existing” requirements. This language should match the most recent, approved UCCC action pertaining to this degree program. Complete the “proposed changes/new requirements” section by adding any changes in **BOLD**, *strikethrough* and/or *colored font* to assist the reader(s) in determining the precise change requested. If there are any other departments or programs affected by the proposed changes, consult the appropriate Chair or Dean of the affected department for a signature on Form 3. If there are any changes to the General Education requirements, consult the GEC after the college curriculum committee (CCC) action. If the proposal involves Secondary Education, consult the CTE and if there are any online or hybrid courses, consult the DEC. All graduate program changes must be reviewed by the UGC. All program changes completed following the instructions above should be forwarded to the UCCC after receiving every required approval listed here. Missing information and/or missing approvals may result in a delay in the requested action. Please use additional space as needed.

1. Existing Program requirements from current *Catalog* (if applicable):

2. List Proposed Changes/New requirements (as desired in *Catalog*):
   a. Provide exact text: (with formatting as desired and/or according to template):
   b. Provide a brief “Executive Summary” of the changes requested:

3. Rationale for the proposed changes (include any evidence of the need for the change/addition):

4. Comparison of degree requirement with comparable peer institutions (at least three listing credit hours required for each):

5. Budgetary and Staffing implications (if known):

6. Assurance of the Academic Integrity (see Instructions and Curriculum Handbook, revised 2017 for more details):

7. Please attach a revised, updated version of the GAPP form and/or degree planning sheet reflecting the proposed changes.

8. Proposed Effective Date for Program Change: Fall semester ________ *

*(n.b., All program changes are effective in the Fall semester specified unless special approval is granted by the Office of the Provost) 

**Effective: February 15, 2017**