CURRICULUM FORM NUMBER 3
CHICAGO STATE UNIVERSITY OFFICE OF ACADEMIC AFFAIRS
PROGRAM CHANGE

This form must accompany all proposals for new programs, any changes in existing program requirements, and all RME requests. Curriculum Form 4 must be attached as well as any additional documentation in support of the proposal. The Chairperson of the originating department will be responsible for ensuring that all signatures and all relevant committees have reviewed the proposal prior to its submission to the Office of Academic Affairs (see Instructions and Appendix of the Curriculum Handbook, revised Spring, 2017).

DEGREE:  B.S. (B.A., B.S., etc.)  MAJOR:  Cougar Studies  CONCENTRATION:  Curriculum Analysis

DEPARTMENT  Academic Affairs  CHAIRPERSON:  Dr. Cougar  DATE:  1-1-17

1.  Approved by the appropriate academic department.
   Signature ______________________ Date ______________________

   Approved by any additional academic department.
   (as needed)
   Signature ______________________ Date ______________________

2.  Reviewed and recommended by the appropriate college
    curriculum committee(s): ______________________
    (CCC, CTE as needed)
    Signature ______________________ Date ______________________

3.  Approved by the appropriate college dean.
   Signature ______________________ Date ______________________

   Approved by any additional college dean.
   (as needed)
   Signature ______________________ Date ______________________

4.  Approved by the University Distance Education Committee (DEC)
    Signature ______________________ Date ______________________

5.  Approved by the University General Education Committee (GEC)
    (if applicable)
    Signature ______________________ Date ______________________

6.  Approved by the University Graduate Council (UGC)
    (if applicable)
    Signature ______________________ Date ______________________

7.  Approved by the University Curriculum Coordinating Committee
    (UCCC)
    Signature ______________________ Date ______________________

8.  Approved by the Office of Academic Affairs.
    Signature ______________________ Date ______________________

Internal Routing: (Signature and Date of Effective Action)  Distribution List: (Copied on Action)

Registrar: ______________________ (major code assigned)  Chairperson(s)  Academic Affairs
Course Scheduling: ______________________ (entered BANNER)  Dean(s)  Records and Registration
Catalogue Entry: ______________________ (entered catalogue)  Course Scheduling  Evaluations
Evaluations: ______________________ (CAPP/Grad Office)  Academic Advising UCCC
Academic Advising: ______________________ (notification)  Faculty Senate
Admissions: ______________________ (notification)  CIP Code: __________

Revised: January 1, 2017