PROPOSAL TITLE: **PROGRAM/DEPT:**

COLLEGE:

INITIATING FACULTY CONTACT: **EMAIL:**   **PHONE:**

COLLEGE CURRICULUM COMMITTEE NUMBER:

TABLE 1: ACTION ITEMS (PLEASE CHECK ALL THAT APPLY)   DOCUMENTS (SEE TABLE 3)

Action	Options	Documents
A. **Course:**	New Course Replace another course	2, 3, 5, 6, 8
B. **Course:**	Selected Topics course One-Time-Only course	2, 3
C. **Course:** Request for use in General Education under category		3
	First Year Seminar A1 A2 ☐A3	
	A4 B C1 ☐C2 D	
D **Course:** Change in	Number Title Prefix Linked for repeat purposes	3, 8
E. **Course:** Change in	Addition of cross-listing Deletion of cross-listing	3, 8
F. **Course:** Change in	Description Objectives Resources Outline Assessment	1, 2, 3, 6, 8
G. **Course:** Change in	Credit hours Clock hours Repeated for credit	2, 3
	Grading (Letter or pass/fail)	
H. **Course:** Change in	Prerequisites Co-requisites	3, 6, 8
I. **Course:** Change in status	Place in archive Retrieve from archive	2, 3, 8
J. **Policy:**	New policy Change in policy	3
K. **Program:** New program	Undergaduate Graduate	3, 5, 6, 7, 8
	Major Minor Concentration/Track Certificate Certification	
L. **Program:**	Change in title	3, 7
M. **Program:** Change in requirements		3, 4, 5, 6, 7, 8
	General Education Major Minor Concentration/Track	
	Certificate Certification Credit Hours	
N. **Program:** Change in	Degree designation Certificate level	3, 4, 5
O. **Program:** Change in status	Place in moratorium Retrieve from moratorium	3, 5, 8, 9

TABLE 2: APPROVAL SEQUENCE

TABLE 2: APPROVAL SEQUENCE	CHAIR'S SIGNATURE	DATE
a. Initiating Department:		
b. Interdisciplinary Program Committee *(if required)*		
c. Honors Committee *(if required)*		
d. College Curriculum Committee		
e. General Education Committee *(if required)*		
f. University Curriculum Committee		
g. University President		

TABLE 3: DOCUMENTS
(attach this cover sheet to the specified documents from the following list)

1. Current syllabus
2. New/Revised syllabus
3. Summary of request and rationale
4. Current program check sheet
5. New/Revised program check sheet
6. Assessment memo
7. 8-Semester course plan *(Undergraduate major, tracks/concentrations only)*
8. Collaborating department(s) approval *(if relevant)*
9. Teach-out plan *(if relevant)*

TABLE 4: EFFECTIVE DATE
Session:

Fall   Spring

Winter   Summer

Year: _____

FORM VERSION 000000

SUBMIT ELECTRONIC FORM ONLY
UCC no longer accepts printed forms.
Click HERE for instructions to upload to Sharepoint.