

## Request for Graduate Addition, Deletion, or Change of Area of Emphasis-Page 1

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one PDF copy without signatures to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: \_\_\_\_\_ Dept/Division: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Action Requested

Check action requested:  Addition  Deletion  Change

Degree Program \_\_\_\_\_

Area of Emphasis \_\_\_\_\_

Effective Term/Year Fall 20  Spring 20  Summer 20

### Notifications

Attach a copy of written notification regarding this curriculum request to the following:

1. Statement of Non-Duplication: If this area of emphasis will be similar in title or content to an existing area of emphasis, please send a memo to the affected department/division and include a copy with this packet as well as the response received from the affected department.
2. If your department/division requires additional faculty, equipment, or specialized materials, attach an estimate of cost and time required to secure these items.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____	Date _____
Registrar _____	Date _____
College Curriculum Chair _____	Date _____
College Dean _____	Date _____
Graduate Council Chair _____	Date _____
Provost/VP Academic Affairs _____	Date _____
President _____	Date _____

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1. Please provide a rationale for addition, deletion, change:

2. Please describe any changes in curriculum:

Course number, title, credit hours. Note whether each course is required or optional. Enter NONE if no change.

3. **Additional Resource Requirements:** If your program requires additional faculty, equipment or specialized materials to ADD or CHANGE this Area of Emphasis attach an estimate of the time and money required to secure these items. May attach separate page if needed

NOTE: approval of this form does not imply approval for additional resources. Enter NOT APPLICABLE if not applicable.

4. **NON-DUPLICATION:**

If a question of possible duplication occurs, attach a copy of the correspondence sent to the appropriate department(s) describing the request and any response received from them.

Enter NONE if not applicable.

***For catalog changes as a result of the above action, please fill in the following pages.***

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### 5. **Current Catalog Description**

Insert the *Current* Catalog Description and page number from the latest catalog for entries you would like to change.  
(May attach separate page if needed)

### 6. **Edits to the Current Description**

Attach a PDF copy of the current catalog description prepared in MS Word with strikethroughs to mark proposed deletions and use the highlight function to indicate proposed new text.

### 7. **New Catalog Description**

Insert a 'clean' copy of your proposed description, i.e., no strikethroughs or highlighting included. This should be what you are proposing for the new description. (May attach separate page if needed)

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Please insert in the text box below your Area of Emphasis change information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Area of Emphasis Title:

Credit Hours:

Type of Change Requested: *(addition, deletion, change)*

Term to Take Effect: *(Fall, Spring, Summer/Year)*

Rationale: