

## Request for Undergraduate Addition, Deletion, or Change of an Area of Emphasis

1. Prepare one paper copy and obtain signatures from the Department Chair/Head, Librarian, and College Dean. 2. Submit the form to your College Curriculum Committee. 3. After attaining the signature of the College Curriculum Chair, send the paper copy to the current University Curriculum Committee (UCC) Chair. 4. Send an identical (sans signatures) ELECTRONIC COPY and all supporting documentation in PDF format by email to the current UCC Chair.

College: \_\_\_\_\_ Department/Division: \_\_\_\_\_

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

### ACTION REQUESTED:

Check action requested:     Addition             Deletion             Change

Name of Area of Emphasis: \_\_\_\_\_

Within which Major is/will this Area of Emphasis be listed (please provide code as well): \_\_\_\_\_

### RATIONALE:

**CURRICULUM:** (If addition or change, number of hours and courses; indicate if required or optional) May be submitted as separate document.

### NOTIFICATION REQUIREMENTS:

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 at the university, please send a memo to the affected department and include it 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 estimation of money and time required to secure these items.
3. Send a copy of this completed form to the Marshall University Catalog Editor.

**SIGNATURES:** (If disapproved at any level, do not sign. Return to previous signer.)

Department Chair/Division Head: _____	Date: _____
Registrar: _____	Date: _____
College Dean: _____	Date: _____
College Curriculum Chair: _____	Date: _____
University Curriculum Committee Chair: _____	Date: _____
Faculty Senate Chair: _____	Date: _____
VP Academic Affairs/VP Health Science: _____	Date: _____