

Request for Undergraduate Addition, Deletion, or Change of a Degree Program

1. Prepare one paper copy and obtain signatures from the Department Chair/Head, Registrar, 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:	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Change
Name of Degree program (provide code if this is an existing program):	_____		
If this request is for a Degree Program addition, please indicate if the Board of Governors has approved the Intent to Plan for this program?	<input type="checkbox"/> Yes	Enter date of approval _____	<input type="checkbox"/> No <input type="checkbox"/> N/A

RATIONALE:

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

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NOTIFICATION REQUIREMENTS:

Attach a copy of written notification regarding this curriculum request to the following:
1. Statement of Non-Duplication: If this degree program will be similar in title or content to an existing degree program 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: _____