

Request for Graduate Addition, Deletion, or Change of a Certificate

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
 2. E-mail one identical PDF copy 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.**
- NOTE:** If proposing a new certificate, please read this first: www.marshall.edu/graduate/graduatecouncil/certificatespolicy/certificatepolicy.pdf

College: COEPD _____ Dept/Division: Counseling _____

Contact Person: Carol M. Smith _____ Phone: 304-746-1921 _____

Name of Certificate Graduate Certificate of Advanced Studies in Violence, Loss, and Trauma Counseling _____

Check action requested: Addition Deletion Change

Effective Term/Year Fall 20 Spring 20 Summer 20 19

Information on the following pages must be completed before signatures are obtained.

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

Dept. Chair/Division Head	Date <u>11/26/18</u>
College Curriculum Chair _____	Date _____
College Dean _____	Date _____
Graduate Council Chair _____	Date _____
Provost/VP Academic Affairs _____	Date _____
Presidential Approval _____	Date _____

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Please provide a rationale for addition, deletion, change:

More accurately reflects that this is a certificate of advanced studies (that is, that the content is advanced), and to match promotional material for the Certificate.

Please describe any changes in curriculum:

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

NONE.

1. ADDITIONAL RESOURCE REQUIREMENTS: If your program requires additional faculty, equipment or specialized materials to ADD or CHANGE this certificate, attach an estimate of the time and money required to secure these items.

NOTE: Approval of this form does not imply approval for additional resources. Enter NONE if not applicable.

NONE.

2. 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.

NONE.

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

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3. 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)

Graduate Certificate in Violence, Loss, and Trauma Counseling

4. 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.

5. 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 change summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Name of Certificate:

Credit Hours:

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

Rationale:

Department: Counseling

Name of Certificate: Graduate Certificate of Advanced Studies in Violence, Loss, and Trauma Counseling

Credit Hours: 15

Type of Change: Change

Rationale: More accurately reflects that this is a certificate of advanced studies (that is, that the content is advanced), and to match promotional material for the Certificate.