

# 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](http://www.marshall.edu/graduate/graduatecouncil/certificatespolicy/certificatepolicy.pdf)

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

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

Name of Certificate \_\_\_\_\_

Check action requested:  Addition  Deletion  Change

Effective Term/Year    Fall 20     Spring 20     Summer 20

**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 _____
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:

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.

**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.

**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.

***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)

### 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: