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| **School or Division** | Choose an item. |
| **Proposed by (faculty only)** | List faculty name(s) |
| **Presenter (faculty only)** | List faculty name(s) |
| Note that the presenter (faculty) listed above must be present at the Curriculum Committee meeting or the proposal will be returned to the School or Division and must be resubmitted for a later date. | |
| **Submission date** | Click here to enter a date. |
| **Course prefix, number, and title** | List course prefix, number, and title |

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| All Curriculum proposals require approval of the Curriculum Committee and the Interim Provost for Academic Affairs. Final approval or denial of a proposal is reflected on the completed and signed proposal. | | | | | |
|  | Approve |  | | Do Not Approve |  |
|  | | | |  | |
| *Curriculum Committee Chair Signature* | | |  | *Date* | |
|  | Approve |  | | Do Not Approve |  |
|  | | | |  | |
| *Interim Provost for Academic Affairs Signature* | | |  | *Date* | |
|  | | | | | |
| All Curriculum proposals require review by the Office of Accountability & Effectiveness. | | | | | |
|  | Reviewed |  | | | |
|  | | | |  | |
| *Office of Accountability & Effectiveness Signature* | | |  | *Date* | |

**Section I, Important Dates and Endorsements Required**

**nOTE:** Course and Program changes must be submitted by the dates listed on the published Curriculum Committee Calendar. Exceptions to the published submission deadlines must receive prior approval from the Interim Provost for Academic Affairs’ Office.

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| **Term in which approved action will take place** | Choose an item. |
| **Provide an explanation below for the requested exception to the** effective **date.** | |
| Type in the explanation for exception. | |

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| **Any exceptions to the term start date requires the signatures of the Academic Dean and Interim Provost for Academic Affairs prior to submission to the Dropbox.** | | |
| **Dean** | **Signature** | **Date** |
| Type name here |  |  |
| **Interim Provost for Academic Affairs** | **Signature** | **Date** |
| Dr. Eileen DeLuca |  |  |

| **Required Endorsements** | **Type in Name** | **Select Date** |
| --- | --- | --- |
| **Department Chair or Program Coordinator/Director** | Type name here | Click here to enter a date. |
| **Academic Dean or Interim Provost for Academic Affairs** | Type name here | Click here to enter a date. |

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| **List all faculty endorsements below. (Note that proposals will be returned to the School or Division if faculty endorsements are not provided).** |
| Type in all applicable faculty names here |

**Section II, Action**

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| **Please select one of the following** | Choose an item. |

**Section III, Complete for Program Discontinuation**

|  |  |
| --- | --- |
| **Select program of certificate for discontinuation** | List name of program or certificate |
| **Explain (below) the reason for the discontinuation** | |
| **Explanation for discontinuation. Along with the summary, delineate the parties that have endorsed the Termination of this Program such as Advisory Board, Faculty, and/or Ad Hoc Committees. Submit Minutes of meetings and endorsements along with this form.** | |
| **Teach out plan required:**  SACSCOC requires a teach out plan for the discontinuation of programs or certificates. Please refer to the teach out plan template available on the document manager. Attach the teach out plan to this document. | |
| **If this program or certificate discontinuation will require discontinuing courses, complete section IV** | |

**Section IV, Complete for Course Discontinuation**

|  |  |
| --- | --- |
| **Enter course(s) to be discontinued** (add rows if necessary) | |
| **Course Prefix and Number** | **Course title** (as listed in the catalog) |
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**Section V, Justification for Proposal**

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| **Provide justification (below) for this proposed curriculum action** |
| Type in justification here |