



**UNIVERSITY UNDERGRADUATE CURRICULUM COMMITTEE  
CURRICULAR PROPOSAL FORM**

**Date:**

**INITIATOR INFORMATION**

**Initiator:**

**Email:**

**Phone #:**

**College/School:**

**Department:**

**Division:**

**CIP Code:**

**PROPOSED ACTIONS -**

<input type="checkbox"/> New Major	<input type="checkbox"/> Cross-referencing Numbers	<input type="checkbox"/> Archive Major	<input type="checkbox"/> Change in Contact Hours
<input type="checkbox"/> New Degree Program	<input type="checkbox"/> Change in Course Title	<input type="checkbox"/> Archive Program	<input type="checkbox"/> Addition of Prerequisite
<input type="checkbox"/> New Online Degree Program	<input type="checkbox"/> New Certificate Program	<input type="checkbox"/> New Online Certificate Program	<input type="checkbox"/> Add existing course to curriculum as a requirement
<input type="checkbox"/> New Concentration	<input type="checkbox"/> Change in Course Number	<input type="checkbox"/> Archive Concentration	<input type="checkbox"/> Deletion of Prerequisite
<input type="checkbox"/> New Minor	<input type="checkbox"/> Change in Credit Hours	<input type="checkbox"/> Archive Minor	<input type="checkbox"/> Change Course to Elective
<input type="checkbox"/> New Course and New Course Number	<input type="checkbox"/> Change in Course Description	<input type="checkbox"/> Archive Course	<input type="checkbox"/> Change Course to Requirement
<input type="checkbox"/> Change in Sequence of Courses	<input type="checkbox"/> Change in Grading System	<input type="checkbox"/> Other: Explain	
<b>Course Number/Course Title Change (If applicable to Proposed Actions):</b> <input type="checkbox"/> <b>Required</b> <input type="checkbox"/> <b>Elective</b> <input type="checkbox"/> <b>General Education</b>			

**DESCRIPTION OF COURSE**

Present Course Description: (List the course number and course title)	Proposed Course Description: (List the course number and course title)
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**RATIONALE**

Provide rationale for the proposed action:

**ATTACHMENTS – Check all that apply and submit with proposal.**

<input type="checkbox"/> Old Curriculum Sheet	<input type="checkbox"/> New Curriculum Sheet	<input type="checkbox"/> Course Outline	<input type="checkbox"/> Bibliography
<input type="checkbox"/> Program Documents	<input type="checkbox"/> Accreditation Documents	<input type="checkbox"/> Syllabus	<input type="checkbox"/> Other: Specify

**SCREENING COMMITTEE ACTION – To be completed by the Screening Committee Chair**

**Date Received:**

**Date Screened:**

**Screening Committee Chair Signature**

