

CURRICULUM ACTION REQUEST

For all requests attach: 1) curriculum committee minutes and 2) IHL Appendix 8 or 9 if applicable.

Initiator:

Department/Division:

Date:

TYPE OF REQUEST

- NEW Major NEW Minor Revised Major Revised Minor
 Other _____

Name of NEW or REVISED Major or Minor: _____

SCOPE OF REQUEST

- New course(s) required (Course Action Request attached)
 No new courses required
 Course change or deletion
 Other _____

SEMESTER CHANGE IS TO BE EFFECTIVE: _____

I. PROPOSAL SUMMARY: [What **SPECIFIC** changes are you requesting?]

II. JUSTIFICATION:

- a) What evaluation led to this request?

- b) Why is this new program or change needed?

- c) If a new program, how does this program support the mission and goals of the University or Department/Division or help us attract and retain more students?

- d) Does this program appeal to a special market or a new market for Delta State?

III. CATALOG COMPARISON OF CURRENT AND PROPOSED CURRICULA:

- 1. Attach complete catalog entry for a new program.
- 2. **Attach current AND proposed catalog copy if the request is for a curricular revision.**

IV. CURRICULUM IMPACT N/A

1. Will other departmental courses be offered more or less frequently by this new program?

- Yes No N/A

If yes, which one(s)?

2. Does this program replace an existing program?

- Yes No N/A

If yes, which one?

3. Is there a state or national accreditation available for this program?

- Yes No N/A

If yes, which one?

4. How many required courses will be unique to this program?

V. NEW RESOURCES REQUIRED N/A

FACULTY

1. The addition of this program will require:

- additional adjunct(s) or overload new full-time faculty no additional faculty

2. If no additional faculty are needed, are there credentialed/qualified faculty currently employed to teach this course? Yes No N/A

3. What is the impact on the teaching load and teaching schedule of faculty in the department?

4. List estimated resource costs below:

<u>One Time Expenditures</u>		<u>Recurring Expenditures</u>	
<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
New/renovated space		Faculty	
Equipment		Staff	
Library		Benefits	
Consultants		Equipment	
Other		Library	
		Accreditation/Certification	
		Other	
Total	\$0	Total	\$0

VI. OTHER RESOURCES N/A

1. Are current equipment and supplies adequate for this new/revised program? Yes No N/A

If no, what is required and what is the cost?

2. Are current consumables, materials, software adequate for this new/revised program? Yes No
If no, what is required and what is the cost?
3. Are current Library resources adequate for this new program and meet accreditation requirements?
If no, what is required and what is the cost? Yes No N/A
4. Are current facilities adequate for this new program? Yes No N/A
If no, what is required and what is the cost?

VII. OTHER:

DEPARTMENTS AFFECTED BY PROPOSAL:

(Indicate which departments affected by this proposal you contacted and discussed this proposal.)

<u>Chair</u>	<u>Department</u>	<u>Date of Discussion</u>
_____	_____	_____
_____	_____	_____

APPROVAL SIGNATURES:

_____	Date	_____	Date
Curriculum Committee Chair		Department/Division Chair	
_____	Date	_____	Date
Dean, College/School		Teacher Education Council (if applicable)	
Academic Council Action Date: APPROVED: _____ DENIED: _____ TABLED _____			
_____	Date		
Provost			