



Program Approval Form

For approval of new programs and deletions or modifications to an existing program.

Action Requested:

Create New (SCHEV approval required except for minors)
 Inactivate Existing
 Modify Existing (check all that apply)
 Title (SCHEV approval required except for minors)
Concentration (Choose one): Add Delete Modify
 Degree Requirements
 Admission Standards/ Application Requirements
 Other Changes: _____

Type (Check one):

B.A. B.S. Minor
 M.A. M.S. M.Ed.
 Ph.D.
 Undergraduate Certificate*
 Graduate Certificate*
 Other: _____

College/School: **Department:**
Submitted by: **Ext:** **Email:**

Effective Term: **Please note:** For students to be admitted to a new degree, minor, certificate or concentration, the program must be fully approved, entered into Banner, and published in the University Catalog.

Justification: (attach separate document if necessary)

Inclusion of the Advanced Methods of Teaching Math (EDCI 472) course in the BA and BS and removal of the Advanced Methods Teaching Science course (EDCI 483).

	Existing	New/Modified
Program Title: (Required) Title must identify subject matter. Do not include name of college/school/dept.	BA in Mathematics	
Concentration(s):	Mathematics Education	
Admissions Standards / Application Requirements: (Required only if different from those listed in the University Catalog)		
Degree Requirements: Consult University Catalog for models, attach separate document if necessary using track changes for modifications	Currently in Math Education concentration: EDCI 372 MATH 302 EDCI 483 MATH 315 EDCI 490 MATH 321 EDRD 491 MATH 351 EDUC 372 EDUC 422	Changes in Math Education concentration are: EDCI 372 MATH 302 EDCI 472 MATH 315 EDCI 490 MATH 321 EDRD 491 MATH 351 EDUC 372 EDUC 422
Courses offered via distance: (if applicable)		
TOTAL CREDITS REQUIRED:		

*For Certificates Only: Indicate whether students are able to pursue on a Full-time basis Part-time basis

Approval Signatures

Department _____ Date _____ College/School _____ Date _____ Provost's Office _____ Date _____
Interdisciplinary Council Use Only

If this program may impact another unit or is in collaboration with another unit at Mason, the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

Unit Name	Unit Approval Name	Unit Approver's Signature	Date

For Graduate Programs Only

Graduate Council Member _____ Provost Office _____ Graduate Council Approval Date _____

