



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: Fall **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)

The Biology Program does not have the faculty to support this concentration. All of the faculty who could support the concentration reside in the Environmental Science and Policy Department and they will rarely be teaching biology courses in the future. In addition, this concentration will be available within the undergraduate degrees offered by the ESP Department. Thus, for biology to have the same concentration is an unnecessary duplication.

Program Title: (Required)
 Title must identify subject matter. Do not include name of college/school/dept.

Concentration(s):

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

Courses offered via distance:
 (if applicable)

TOTAL CREDITS REQUIRED:

Existing	New/Modified
Concentration in Marine and Freshwater Biology	Delete this concentration from the BS in Biology

*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 _____
Required for Minors and Interdisciplinary Programs

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 _____