



# Program Approval Form

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

Registrar.

**Action Requested:**

Create New (SCHEV approval required except for concentration, minors, and certificates)  
 Delete Existing  
 Modify Existing (check all that apply)  
 Title (SCHEV approval required except for concentration, minors, certificates)  
 Degree Requirements  Admission Standards  
 Application Requirements  
 Other Changes: \_\_\_\_\_

**Type (Check one):**

B.A.  B.S.  Minor  
 Undergraduate Certificate  
 M.A.  M.S.  M.Ed.  
 Ph.D.  Graduate Certificate  
 Concentration  
 Other: \_\_\_\_\_

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

**Effective Term:** Fall  **Please note:** For students to start 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)

We have combined the concentration in Molecular Biology with the concentration in Biotechnology. Thus we wish to delete the Molecular Biology Concentration

**Program Title:** (Required)  
Use title to identify subject matter. Do not include name of college/school or department.

**Concentration Title(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
	BS Biology	BS Biology
	Concentration in Molecular Biology	

## Approval Signatures

Department \_\_\_\_\_ Date \_\_\_\_\_ College/School \_\_\_\_\_ Date \_\_\_\_\_ Provost's Office \_\_\_\_\_ Date \_\_\_\_\_  
*Required for Undergraduate Programs 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 \_\_\_\_\_

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**For Registrar Office's Use Only:** Received \_\_\_\_\_ Banner \_\_\_\_\_ Catalog \_\_\_\_\_

revised 2/2/10