



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 (req. C3 approval)
 M.A. M.S. M.Ed.
 Ph.D.
 Undergraduate Certificate* (req. C3 approval)
 Graduate Certificate*
 Bachelor's/Accelerated Master's 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: As requested by the College of Education and Human Development, this concentration must be deleted to comply with state guidelines. Students interested in teaching biology in secondary schools must earn a degree a BA or BS degree and apply to CEHD for the undergraduate certificate program. This certificate must be free standing and cannot be part of a concentration in Biology. Therefore this concentration must be deleted.

	Existing	New/Modified
Program Title: (Required) Title must identify subject matter. Do not include name of college/school/dept.	BA Degree in Biology	NA
Concentration(s):	Concentration in Biology 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		
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 _____
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 Minors and UG Certificates only (Cross-College Curriculum Committee Approval)

C3 Committee Member _____ Provost Office _____ C3 Committee Approval Date _____

For Graduate Programs Only

Graduate Council Member

Provost Office

Graduate Council Approval Date

For Registrar Office's Use Only: Received _____ Banner _____ Catalog _____

revised 7/1/15