|  |  |  |
| --- | --- | --- |
| mason_logo | **Program Approval Form** | For approval of new programs and deletions or modifications to an existing program. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Action Requested:** | | | | | | | | | | | **Type** (Check one)**:** | | | | | | | | | |
|  | Create New (SCHEV approval required except for minors) | | | | | | | | | |  | | B.A. | |  | B.S. |  | Minor | | |
|  | Inactivate Existing | | | | | | | | | |  | | Master’s | |  |  |  |  | | |
|  | Modify Existing (check **ALL** that apply) | | | | | | | | | |  | | Ph.D. | | | | | | | |
|  | |  | Title (SCHEV approval required except for minors) | | | | | | | |  | | Undergraduate Certificate\* | | | | | | | |
|  | |  | **Concentration** (Choose one): | |  | *Add* |  | *Delete* |  | *Modify* |  | | Graduate Certificate\* | | | | | | | |
|  | |  | Degree Requirements | | | |  |  | | |  | | Bachelor’s/Accelerated Master’s | | | | | |  | Other: | |
|  | |  | Admission Standards/ Application Requirements | | | | | | | |  | |  | | | | | | | |
|  | |  | Other Changes: |  | | | | | | |  |  | |  | | | | | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Effective Term:** | Fall | 20 | **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) |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Existing** | **New/Modified** |
| **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:** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*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 Undergraduate Programs only** | | | | |
|  |  |  |  |  |
| Undergraduate Council Member |  | Provost Office |  | Undergraduate Council 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 9/2/2016*

**Program Proposal Submitted to the College of Science Curriculum Committee (COSCC)**

The form above is processed by the Office of the University Registrar. This second page is for the COSCC’s reference. Please complete the applicable portions of this page to clearly communicate what the form above is requesting.

**FOR ALL PROGRAMS** (required)

Program Title:

Date of Departmental Approval:

**FOR INACTIVATED PROGRAMS** (required if inactivating a program)

* + Reason for Inactivation:

**FOR MODIFIED PROGRAMS** (required if modifying a program)

* + Summary of the Modification:
  + Text before Modification (title, degree requirements, etc.):
  + Text after Modification (title, degree requirements, etc.):
  + Reason for the Modification:

**FOR NEW PROGRAMS** (required if creating a new program)

* + Reason for the New Program:
  + Relationship to Existing Programs:
  + Relationship to Existing Courses:
  + Semester of Initial Offering:
  + Insert Tentative SCHEV Proposal Below