Program Revision Proposal

Title of Proposal:					
Sponsoring	g Department(s):				
Date of Department Review and Approval:					
Signature(s	s) of Sponsoring Cha	ir(s)/Date:			
	eliminary Review: □ CAS □ I	PCPS KSOM			
Proposal:	☐ Consistent with	rsity of Scranton Curricular F College Goals/Mission minary comments below	Requirements		
		artment Chairs/Program D		— ogran	
	he Library):	J	•		
	Department	Signature	Date		
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Program Name:	
Type of Program: Major Minor Track Concentration Graduate Program Specialization Other	
Nature of Revision (check all that apply): ☐ Adding/removing required courses ☐ Adding/removing elective options ☐ Adding/removing cognates ☐ Changes to curriculum grid ☐ Change number of credits required ☐ Other Explanation of the Nature of Revision:	
Explanation of the I vature of Revision.	
Rationale for Revision:]

Will any programs (majors, minors, concentrations, tracks, graduate program, or specializations) be impacted by this program change? ☐ Yes ☐ No * If yes, please list the names of the program (s) in the box below and explain the impact and response of the affected program(s).
* Please note that if a program is impacted by this change, the signature of the Department Chair or Program Director is required on the first page of this proposal. Will the revision require allocation/reallocation of University resources? No
Will the revision require allocation/reallocation of University resources? ☐ Yes * If yes, please list in the box below.
* Please note that if library resources are listed, please obtain the signature of the Department Chair of the Library.
Required Attachments:

Please attach an old grid and a new grid with the changes highlighted.

Please attach a timeline for implementation of the program changes.