Program Revision Proposal

Title of Proposal: _____

Sponsoring Department(s): _____

Date of Department Review and Approval: _____

Signature(s) of Sponsoring Chair(s)/Date: _____

Dean's Preliminary Review:
College: ☐ CAS ☐ LCHS ☐ KSOM

Proposal: ☐ Complete
☐ Satisfies University of Scranton Curricular Requirements
☐ Consistent with College Goals/Mission
☐ Additional preliminary comments below

Dean's Signature/Date: _____

Additional Signatures (i.e. Department Chairs/Program Directors of Impacted Programs and/or of the Library):

Department	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Program Name: _____

☐ 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

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Rationale for Revision:

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[blank box]
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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).

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[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
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* 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? ☐ Yes   ☐ No
* If yes, please list in the box below.

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[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
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* Please note that if library resources are listed, please obtain the signature of the Department Chair of the Library.

Timeline for Implementation of Program Revision:

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[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
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* If you need more space, please attach more detailed timeline.

Required Attachment:

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