

Program Revision Proposal

Title of Proposal: _____

Sponsoring Department(s): _____

Date of Department Vote 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

Dean's Recommendation:

Recommend _____ Do Not Recommend _____

Additional comments:

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Dean's Signature/Date: _____

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

Department/Program	Signature	Date
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Department/Program	Signature	Date
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Department/Program	Signature	Date
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Current Program Title: _____

Type of Program (please check only one box per form):

- ☐ Major
- ☐ Minor
- ☐ Track
- ☐ Concentration
- ☐ Graduate Program
- ☐ Specialization
- ☐ Other

Type of Program 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
- ☐ Change title of program
- ☐ Program hiatus (temporarily not accepting students/removal from Common App)
- ☐ Ending program hiatus
- ☐ Other

State Revision(s) to be Made:

Current:

Proposed:

Rationale for Revision:

Are PLOs changing to support the revision? ☐ Yes ☐ No

* If yes, please explain in the box below.

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 those affected.

** 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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** Please note that if library resources are listed, please obtain the signature of the Dean of the Library.*

Timeline for Implementation of Program Revision and Teach-Out Plan if Applicable:

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Required Attachment:

- If changing program requirements, please attach a current grid and a proposed grid with the changes highlighted.