

UNIVERSITY OF WASHINGTON

CREATING AND CHANGING UNDERGRADUATE ACADEMIC PROGRAMS



**After college/school/campus review, send a signed original and 1 copy to the Curriculum Office/FCAS, Box 355850.**

For information about when and how to use this form: <http://depts.washington.edu/uwcr/1503instructions.pdf>

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| **College/Campus** | **Department/Unit** | **Date** |
| **New Programs**  Leading to a Bachelor of       in       degree.  Leading to a Bachelor of      degree with a major in      .  Leading to a       Option within the existing major in      .  Leading to a minor in \_\_\_\_\_\_\_.  **Changes to Existing Programs**  New Admission Requirements for the Major in       within the Bachelor of      .  Revised Admission Requirements for the Major in       within the Bachelor of      .  Revised Program Requirements for the Major in       within the Bachelor of      .  Revised Requirements for the Option in      within the major in      .  Revised Requirements for the Minor in      .  **Other Changes**  Change name of program from       to      .  Change delivery method or location of program.  New or Revised Continuation Policy for      .  New Honors Requirements for      .  Eliminate program in      . | | |
| Proposed Effective Date: **Quarter:**  Autumn  Winter  Spring  Summer **Year: 20** **\_\_\_\_** | | |

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| Contact Person: | Phone: | Email: | Box: |

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| **EXPLANATION OF AND RATIONALE FOR PROPOSED CHANGE** |
| For new program, please include any relevant supporting documentation such as student learning outcomes, projected enrollments, letters of support and departmental handouts. (*Use additional pages if necessary*). |
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| **OTHER DEPARTMENTS AFFECTED** |
| List all departments/units/ or co-accredited programs affected by your new program or changes to your existing program and acquire the signature of the chair/director of each department/unit listed. Attach additional page(s) if necessary. \*See online instructions. |

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| Department/Unit: | Chair/Program Director:  *PRINTED NAME SIGNATURE* | Date: |
| Department/Unit: | Chair/Program Director  *PRINTED NAME SIGNATURE* | Date: |

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| **CATALOG COPY** |
| Catalog Copy as currently written. Include only sections/paragraphs that would be changed if your request is approved. Please cross out or otherwise highlight any deletions. |
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| **PROPOSED CATALOG COPY** |
| Reflecting requested changes (Include exact wording as you wish it to be shown in the printed catalog. Please underline or otherwise highlight any additions. If needed, attach a separate, expanded version of the changes that might appear in department publications).  **Please note:** all copy will be edited to reflect uniform style in the General Catalog. |
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| **APPROVALS** | |
| Chair/Program Director:  *PRINTED NAME SIGNATURE* | Date: |
| College/School/Campus Curriculum Committee:  *PRINTED NAME SIGNATURE* | Date: |
| Dean/Vice Chancellor:  *PRINTED NAME SIGNATURE* | Date: |
| Faculty Council on Academic Standards/ General Faculty Organization/Faculty Assembly Chair: | Date: |
| **POST TRI-CAMPUS APPROVAL (when needed)**  *PTRINTED NAME SIGNATURE* | |
| Faculty Council on Academic Standards/ General Faculty Organization/Faculty Assembly Chair:  *PRINTED NAME SIGNATURE* | Date: |