



CREATING AND CHANGING UNDERGRADUATE ACADEMIC PROGRAMS

OFFICE USE ONLY
Control # _____

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>

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

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. <i>(Use additional pages if necessary).</i>

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.		
Department/Unit:	Chair/Program Director:	Date:
	<small>PRINTED NAME</small> <small>SIGNATURE</small>	
Department/Unit:	Chair/Program Director	Date:
	<small>PRINTED NAME</small> <small>SIGNATURE</small>	

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:	Date:
<small>PRINTED NAME</small>	<small>SIGNATURE</small>
College/School/Campus Curriculum Committee:	Date:
<small>PRINTED NAME</small>	<small>SIGNATURE</small>
Dean/Vice Chancellor:	Date:
<small>PRINTED NAME</small>	<small>SIGNATURE</small>
Faculty Council on Academic Standards/ General Faculty Organization/Faculty Assembly Chair:	Date:
<small>PRINTED NAME</small>	<small>SIGNATURE</small>
POST TRI-CAMPUS APPROVAL (when needed)	
Faculty Council on Academic Standards/ General Faculty Organization/Faculty Assembly Chair:	Date:
<small>PRINTED NAME</small>	<small>SIGNATURE</small>