

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:       |