**SAM HOUSTON STATE UNIVERSITY
CERTIFICATION CHANGE REQUEST FORM**

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| **Directions:** The **Certification Change Request Form** is to be used to request a) the addition of a new Certification; b) the deletion of an existing Certification; c) a Certification title change; d) a Certification semester credit hour change; and/or e) a Certification relocation. **Note:**  For analytical support regarding justification, [contact Program A](https://shsu.co1.qualtrics.com/jfe/form/SV_6x0A7oHgB4EmH2Z)nalytics. **Assistance:** Contact the Office of Academic Planning and Program Development at (936) 294-2291.**University Curriculum Committee**: [Belonging Resources Statement](#_1._*_Minor" \o " The pursuits of excellent teaching and fostering a campus environment that welcomes a wide range of perspectives are intertwined and integral to achieving Sam Houston State University’s mission of providing high-quality education, scholarship, and service for our regional, state, national, and international constituencies. Diversified curriculum helps to ensure that every student and faculty member has a chance to reach their full professional potential and be a fully enfranchised member of the university community. Faculty seeking to develop new courses and curriculum initiatives are encouraged to consider their diverse audiences and to visit the UCC website for curricular design recommendations, suggestions, and examples.Screen tip here)*\* Asterisk denotes headers with directional information.* |

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| **Administrative Program Information** |
| **1. \***[**Certification Title:**](#_1._Program_Name:) |
| **2. \*****[Number of Required Semester Credit Hours (SCH):](#_3.__Number" \o "The minimum semester credit hours for completion.)** |
| **3. \***[**Administrative Unit:**](#_4.__Administrative) |
| **4. \*****[Location and Delivery Mode:](#_5.__Location" \o "Provide the location of instruction and how the program is delivered to students. (e.g., Instructed on the main campus, face-to-face).Online delivery mode requires the identification of the following categories: 1) Face-to-Face; 2) Hybrid, 3) 100% online.)** Choose an item. |
| **4. \***[**Proposed Implementation Date:**](#_6.__Proposed)Choose an item.Choose an item. |
| **5. \***[**Contact Person**](#_7.__Contact)**(s):**Name:Title:E-mail:Phone:Name:Title:E-mail: Phone |
| **6. \***[**Administrative Notes**](#_7.__Contact)**:** |

I. **Requested Certification Change**:
*Please select the appropriate selection and complete the proceeding information based on your selection. For analytical support regarding justification, contact Program Analytics.*

[ ]  **Certification Addition**

**Justification** *(Required if selected)*:Click or tap here to enter text.

 **Complete below: Section II. Curriculum Requirements**.

[ ]  **Certification Deletion**

**Justification** *(Required if selected)*:Click or tap here to enter text.

[ ]  **Certification Title Change**

**New Title**: Click or tap here to enter text.

**Justification** *(Required if selected)*:Click or tap here to enter text.

[ ]  **Certification Relocation**

**New Department**: Click or tap here to enter text.

**New College:** Click or tap here to enter text.

**Identify Course(s) for Deletion (if applicable)**: Click or tap here to enter text.

**Identify Course(s) for Addition (if applicable)**: Click or tap here to enter text.

**Justification** *(Required if selected)*:Click or tap here to enter text.

[ ]  **Certification Semester Credit Hour (Increase/Decrease)**

**New Total Semester Credit Hours**: Click or tap here to enter text.

**Identify Course(s) for Deletion (Decrease)**: Click or tap here to enter text.

**Identify Course(s) for Addition (Increase)**: Click or tap here to enter text.

**Justification** *(Required if selected)*:Click or tap here to enter text.

**II. \***[**Curriculum Requirements:**](#_C._Curriculum:_Please) **For Additions Only**

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| **Required Courses** |
| **Prefix and Number** | **Title** | **SCH** |
|  |  |  |
| **Prescribed Electives** |
|  |  |  |
| **Free Electives** |
|  |  |  |
| **Other Curriculum Restrictions/Requirements** |
|  |
| **TOTAL Semester Credit Hours:**  |

Note with an asterisk (\*) new courses that would be added to SHSU’s course inventory if the proposed minor is approved.

**Reminder:** All course curriculum must be part of the THECB approved SHSU course inventory prior to an approved minor being added to the catalog or Degree Works.

**END FORM**

**Approval Recommendation Signatures**

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| **Approval Recommendation Signatures:** |
| **Approved by Department Head/Faculty** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by Department Chair** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Department Chair 2 (Interdisciplinary)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Department Chair 3 (Interdisciplinary)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Department CC (If applicable)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by College CC (If applicable)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by Academic Dean** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Academic Dean 2 (Interdisciplinary)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Academic Dean 3 (Interdisciplinary)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Director of APPD** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
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**CC = Curriculum Committee
APPD = Academic Planning and Program Development**

**APPD Use Only**

**Added to Catalog** [ ]

Date: Click or tap here to enter date.

**Added to Banner, if applicable** [ ]

Date: Click or tap here to enter date.

**Added to Degree Works** [ ]

Date: Click or tap here to enter date.

**Notified Advising** [ ]

Date: Click or tap here to enter text.

**Added to Apply Texas, if applicable** [ ]

Date: Click or tap here to enter date.

**Directional Prompts:**

**ADMINISTRATIVE PROGRAM INFORMATION**

**Program Name:**Show how the program would appear on the Coordinating Board’s program inventory (e.g., Certification in Language Studies).

**Administrative Unit**:
Identify where the program would fit within the organizational structure of the university (e.g., The Department of English within the College of Humanities and Social Sciences).

**Proposed Implementation Date:**
Provide the term and year that students would enter the program (Fall 2024).

**Contact Person:**
Provide contact information for the person responsible for addressing any questions about the proposal:

**Administrative Notes:**
Add Administrative notes, if applicable.

[**CURRICULUM REQUIREMENTS:**](#_C._Curriculum:_Please)

**Curriculum:**Please complete the curriculum table below listing the required courses, prescribed electives, electives, and other curriculum restrictions/requirements. Add rows if needed**.**