|  |
| --- |
| **Administrative Information**  (Information reflects current program information **before** requested change)  Department Name Change  College Name Change  Creation of New Department  Creation of New College  College/Department Reorganization |
| **1. \***[**Current Administrative Unit Name**](#_1._Current_)**:** |
| **2. \***[**Proposed Effective Date:**](#_6.__Proposed)Choose an item.Choose an item. |
| **3.** \*[**Proposal Contact Person:**](#_14.__*Proposal)Name:Title:E-mail:Phone: |
| **4.** \*[**Department Curriculum Committee (DCC) Notes:**](#_6.__APPD) |
| **5.** **\***[**College Curriculum Committee (CCC) Notes:**](#_6.__APPD) |
| **6.** \*[**Administrative Notes:**](#_6.__APPD) |

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| **Directions:** The **Administrative Change Request Form** is to be used for a) existing department/college intending to request a departmental/college name change or b) creation of a new department/college. Please, note that consolidation and deletion of existing programs follow a different process.  **Assistance:** Contact the [Office of Academic Planning and Program Development](mailto:programdev@shsu.edu) at (936) 294-2291.  **University Curriculum Committee**:  [Curriculum Development Statement](#_1.*_Program_Name:" \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 all audiences and to visit the UCC website for curricular design recommendations, suggestions, and examples.)  *\* Asterisk denotes headers with directional information.* |

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

**Requested Change:**

*Please select the appropriate selection and complete the proceeding information based on your selection. For analytical support regarding justification,* [*contact Program Analytics.*](https://shsu.co1.qualtrics.com/jfe/form/SV_6x0A7oHgB4EmH2Z)

**College** **Name Change**

**Current College Name:** Click or tap here to enter text.

**Proposed College Name**: Click or tap here to enter text.

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

*For College Name Change,* **list** all departments and degree programs (Major, Minor, Certificate) that will be included under the new college name. Click or tap here to enter text.

**Department Name Change**

**Current Department Name:** Click or tap here to enter text.

**Proposed Department Name**: Click or tap here to enter text.

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

*For Department Name Change,* **list** all degree programs (Major, Minor, Certificate) that will be included under the new department name.Click or tap here to enter text.

**Creation of New College**

**Proposed College Name:** Click or tap here to enter text.

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

*For New College,* **list** all departments and degree programs (Major, Minor, Certificate) that will be included under the new college name.Click or tap here to enter text.

**Creation of New Department**

**Proposed Department Name**: Click or tap here to enter text.

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

*For New Department,* **list** all degree programs (Major, Minor, Certificate) that will be included under the new department name.Click or tap here to enter text.

**College/Department Reorganization**

**Current College or Department Organization:** Click or tap here to enter text.

**Proposed College or Department Organization:** Click or tap here to enter text.

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

*For Reorganizations,* **list** all degree programs (Major, Minor, Certificate) that will be included under all impacted colleges and/or departments.Click or tap here to enter text.

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**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 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 Director of APPD** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
| Add Approvers? |  |  |  |  |

**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, if applicable**

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 INFORMATION**

**Current Administrative Unit Name & CIP Code:**   
Show how the college and/or department would appear on the Coordinating Board’s program inventory (e.g., College of Humanities and Social Sciences, Department of English).

**Proposed Effective Date:**   
Provide the date that the change would take effect for the program (MM/DD/YY).

**Proposed Contact Person:**   
Provide contact information for the person who can answer specific questions about the program.

**Department Curriculum Committee (DCC) Notes:**   
Additional DCC notes.

**College Curriculum Committee (CCC) Notes:**   
Additional CCC notes.

**Administrative Notes:**   
Additional Administrative notes.

**Requested Change:**Please select the appropriate selection and complete the proceeding information based on your selection. For analytical support regarding justification, [contact Program Analytics.](https://shsu.co1.qualtrics.com/jfe/form/SV_6x0A7oHgB4EmH2Z)