|  |
| --- |
| **Current Program Information**(Information reflects current program information **before** requested change) |
| **1. \***[**Degree Program Title:**](#_1._Program_Name:) |
| **2. \***[**Administrative Unit**:](#_4.__Administrative) |
| **4. \***[**Proposed Implementation Date:**](#_6.__Proposed)Choose an item.Choose an item. |
| **5. \***[**Contact Person**](#_7.__Contact)**:** Name: Title: E-mail: Phone: |
| **6. \***[**Department Curriculum Committee (DCC) Notes**](#_7.__Contact)**:** |
| **7. \***[**College Curriculum Committee (UCC) Notes**](#_7.__Contact)**:** |
| **8. \***[**Administrative Notes**](#_7.__Contact)**:** |

**SAM HOUSTON STATE UNIVERSITY
DEGREE PROGRAM CHANGE REQUEST FORM**

|  |
| --- |
| **Directions:** The **Degree Program Change Request Form** is to be used for an existing program intending to request a) a CIP code change; b) a title change; c) a degree designation change; d) a relocation (department/college); e) an increase or decrease in total semester credit hours; and/or f) a deletion/closure.**Please note that justification is required for all change requests. Please submit one form per program.****Assistance:** Contact the Office of Academic Planning and Program Development at (936) 294-2291.**University Curriculum Committee**: [Curriculum Development 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 all audiences and to visit the UCC website for curricular design recommendations, suggestions, and examples.Screen tip here)*\* Asterisk denotes headers with directional information.* |

**I. Requested Change(s):**

*Please select the appropriate selection(s) and complete the proceeding information based on your selection. Click on the selection below to navigate directly to that request on this form.*

 [ ]  [Degree Program CIP Code Change](#A)

 [ ]  [Degree Program Title Change](#B)

 [ ]  [Degree Program Designation Change](#C)

 [ ]  [Degree Program Relocation](#D)

 [ ]  [Degree Program Request to Change Semester Credit Hours (Increase/Decrease)](#E)

 [ ]  [Degree Program Deletion/Closure](#F)

[ ]  **Degree Program CIP Code Change**

*Complete this portion to request a change to the Classification of Instructional Programs (CIP) code of an existing degree program. The degree program must already be on SHSU’s program inventory. For CIP Codes, see* [*Texas CIP Codes*](http://www.txhighereddata.org/Interactive/CIP/)

**Note**: Curricular changes that warrant a CIP code change would typically include more than 50% of the curriculum. If the request includes a change to a STEM CIP code from a non-STEM CIP code, please describe the change in learning outcomes such as emphasis on the scientific method, quantitative research, etc.).

\*[**Current Degree Program Title**](#_III._Directional_Prompts:): Click or tap here to enter text.

**Current Degree Program CIP Code**: Click or tap here to enter text.

**[Request for Change in CIP](#_III._Directional_Prompts:" \o "e.g., Bachelor of Science (BS), Master of Arts (MA), or Doctor of Philosophy (PhD)) Code**

\*[**Proposed Degree Program CIP Code**](#_III._Directional_Prompts:):Click or tap here to enter text.

**Implementation Date**:Choose an item.Choose an item.

\*[**Reason for Change**](#_III._Directional_Prompts:)**:** Click or tap here to enter text.

**Curricular Changes:** If applicable, describe the curricular changes that have been implemented to align the degree program with the request CIP code and attach a copy of the revised curriculum that highlights the changes made: Click or tap here to enter text.

**Faculty Composition:** If applicable, describe what changes have been made to the composition of faculty to ensure content area expertise in the requested CIP code: Click or tap here to enter text.

**Accreditation Implications:** If applicable, describe any accreditation implications of the requested CIP code change: Click or tap here to enter text.

\*[**List of Similar Programs at Texas Public Institutions**](#_III._Directional_Prompts:)**:**

|  |  |  |
| --- | --- | --- |
| **Institution** | **Degree Title and Designation** | **CIP Code** |
| 1. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Required Attachment: Bachelor’s degree curriculum
Required Attachment: Master’s degree curriculum**

[ ]  **Degree Program Title Change**

*Complete this portion to request a change to the title (major/discipline) of an existing degree program. The degree program must already be on SHSU’s program inventory.*

**Request for Change in Title of Program:**

 **Current Degree Program Title:** Click or tap here to enter text.

 **Current Degree Program CIP Code**:Click or tap here to enter text.

 **Proposed Degree Program Title**:Click or tap here to enter text.

**Implementation Date:** Choose an item.Choose an item.

[ ]  **Degree Program Designation Change**

*Complete this portion to request a change in degree designation of an existing degree program. The degree program must already be on SHSU’s program inventory.*

**Request for Change in Degree Program Designation:**

 **Current Degree Program Designation**:Click or tap here to enter text.

 **Proposed Degree Program Designation**:Click or tap here to enter text.

 **Implementation Date** Choose an item.Choose an item.

 **\***[**Justification for Change**](#_III._Directional_Prompts:)**:** Click or tap here to enter text.

[ ]  **Degree Program Relocation**

*Complete this portion to request a relocation of an existing degree program. The degree program must already be on SHSU’s program inventory. If the change is as a result of a college or department reorganization, please use the Administrative Change request form.*

**Request Change in Degree Program Location**

**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) in the degree program:** Click or tap here to enter text.

**Identify Course(s) for Addition (if applicable) in the degree program**:

Click or tap here to enter text.

[**Justification for Change**](#_III._Directional_Prompts:):Click or tap here to enter text.

[ ]  **Degree Program Request to Change Semester Credit Hours (Increase/Decrease)**

*Complete this portion of the form to request a change in the number of semester credit hours (SCH) required for a degree program already on SHSU’s program inventory in accordance with* [*Coordinating Board Rules, Chapter 5, Section 5.55 – Revisions to Approved Programs*](https://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=5&rl=55).

**Options:**

1. Revisions that **reduce** the number of SCH require notifications of change and affirmation that the reduction does not fall below the minimum requirements of the Southern Association of Colleges and Schools Commission on Colleges, program accreditors, and licensing bodies, if applicable.
2. Revisions that **increase** the number of SCH require detailed written documentation describing the compelling academic reason for the increase in the number of required hours.

\*[**Program Name**](#_III._Directional_Prompts:)**:** Click or tap here to enter text.

**Program CIP Code**: Click or tap here to enter text.

**Request for Change in Semester Credit Hours (SCH):**

 **Current SCH**:Click or tap here to enter text.

 **Proposed SCH**:Click or tap here to enter text.

 **Implementation Date**:Choose an item.Choose an item.

*Complete Option 1 or 2 as appropriate:*

 **Option 1: Reduction in Semester Credit Hours**

Is the change in the number of SCH compatible with the requirements of accreditation for the program?

1. Southern Association of Colleges and Schools Commission on Colleges:

 [ ]  YES [ ]  NO

1. Program Accreditor(s): [ ]  YES [ ]  NO [ ]  NA

 Name of Program Accreditor: Click or tap here to enter text.

1. Licensing Body(ies): [ ]  YES [ ]  NO [ ]  NA

 Name of Licensing Body(ies): Click or tap here to enter text.

**Option 2: Increase in Semester Credit Hours**

Provide detailed documentation, such as changes in accrediting agency or licensing body requirements, workforce needs, or academic professional standards and needs, describing a compelling reason for the change in the number of SCH:

 Click or tap here to enter text.

[ ]  **Degree Program Deletion/Closure**

*Complete this portion of the form to request the deletion of an existing a degree program already on SHSU’s program inventory. A request for program closure must be submitted prior to ceasing admissions to program.*

**Departments requesting** **to close a degree program must**:

[ ]  Develop and execute a teach-out plan.

[ ]  Give appropriate notification to the federally recognized institutional accreditor and the Program’s accreditor, as applicable. (*A copy of this request form will be shared with the SACSCOC Liaison to coordinate notification*).

[ ]  Cease to admit new students to the program.

[ ]  Ensure that all courses necessary to complete the program are offered on a timely basis.

[ ]  Close the program when the last student enrolled in the program has graduated or the teach-out period has lapsed.

**Last date students were/will be admitted to the program**: Click or tap here to enter text.

**Anticipated term of last student graduation**: Click or tap here to enter text.

**Degree program closure date**: Click or tap here to enter text.

**Brief Description of teach-out plan**: Click or tap here to enter text.

 **\***[**Justification for Change**](#_III._Directional_Prompts:) *(Required if selected* **):** Click or tap here to enter text.

**END FORM**

**Approval Recommendation Signatures:**

|  |
| --- |
| **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. |
|  |  |
| **Approved by Provost/Chief Academic Officer (if applicable)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |

 **CC = Curriculum Committee
APPD = Academic Planning and Program Development**

**APPD Use Only**

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

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, if applicable** [ ]

Date: Click or tap here to enter text.

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

Date: Click or tap here to enter date.

**Directional Prompts:**

**CURRENT PROGRAM INFORMATION**

**Degree Program Title:**Show how the program would appear on the Coordinating Board’s program inventory (e.g., Minor English Literature).

**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 date that students would enter the program (MM/DD/YY).

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

**Department Curriculum Committee (DCC) Notes:**
Add DCC notes, if applicable.

**College Curriculum Committee (CCC) Notes:**
Add CCC notes, if applicable.

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

**DEGREE PROGRAM CIP CODE CHANGE**

**Current Degree Program Title:**

Show how the program appears on the Coordinating Board’s approval letter (e.g., Bachelor of Business Administration degree with a major in Accounting).

**Proposed Degree Program CIP Code:**

NOTE: THECB no longer accepts CIP codes that end in “99.”

**Reason for Change:**

Describe why this change would be beneficial to students and/or the degree program.

**List of Similar Programs at Texas Public Institutions:**

Provide the institution and program names for up to five examples of similar programs with the proposed CIP Code.

**DEGREE PROGRAM TITLE CHANGE**

**Reason for Change:**

Please provide a brief summary of the rationale for the title change request, including any curricular or discipline-based changes.

**DEGREE PROGRAM DESIGNATION CHANGE**

**Reason for Change:**

Please provide a brief summary of the rationale for the title change request, including any curricular or discipline-based changes.

**DEGREE PROGRAM REQUEST TO CHANGE SEMESTER CREDIT HOURS**

**Program Name:**

As it appears on the Coordinating Board’s program inventory (e.g., Bachelor of Business Administration degree with a major in Accounting).