*Use for all proposals* ***except*** *new courses and experimental courses. For new or experimental courses, use New Course Proposal form or Experimental Course form.*

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| Academic Unit/Program/Cluster/Council |  |

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| Proposal |
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| Justification: (*Include justification to demonstrate that any curriculum changes align with the results of program reviews and Academic Plans*) |
|  |

**Attach course syllabus, prepared according to Curriculum Committee Syllabus Checklist:** <https://pressbooks.plymouth.edu/curriculumcommittee/chapter/syllabus-checklist/>

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| --- |
| Program/s Affected: Please Specify |
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| --- | --- | --- | --- |
| Will this affect General Education? | Yes  No | Specify: |  |

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| Describe all communication with affected program(s) and/or General Education Committee: |
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| Curriculum Changes become effective with the next academic catalog (with certain rare exceptions).  When should this change become effective? If later than the next catalog, please justify. |
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| What provision is made for students currently enrolled in the program? |
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| --- | --- |
| Will any requirements be waived? *(Note: A waiver does not reduce the total number of credits required for the degree.)* |  |

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| --- | --- | --- |
| What term will be the last offering of any course(s) to be deleted? |  | |
| Should students be allowed to earn credit for this course if they have already taken the old course? | Yes  No |
| What course(s) may substitute: |  | |
| Justification: |  | |

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| **Library**: Describe your consultation with your program’s library liaison (Please include email communications with this proposal).  Will significant additional resources be necessary?  Y  N  Please specify additional resources needed. |
|  |

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| **Technology**: Describe your consultation with ITS Director of Client Services (Please include email communications with this proposal).  Will significant technological resources be needed?  Y  N  Please specify additional resources needed. |
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| **Describe additional resources** such as facilities, equipment, supplies, etc. if applicable. |
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| --- |
| **Staffing**: Will this change require additional teaching resources (e.g. overload, teaching lecturer)? Please explain: |
|  |
| Provost Comments/Justification regarding change, especially if change requires additional teaching resources: |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program, Academic Unit, Cluster or Council Vote: | | Council of Educator Preparation Vote: | | Curriculum Committee Vote: | |
|  | In Favor |  | In Favor |  | In Favor |
|  | Opposed |  | Opposed |  | Opposed |
|  | Abstained |  | Abstained |  | Abstained |
|  | Absent |  | Absent |  | Absent |

Note that single-person programs are still required to have a vote from their cluster or academic unit.

|  |  |  |  |
| --- | --- | --- | --- |
| **Designated signatory for program, cluster, academic unit:** |  | Date: |  |
| **Council of Educator Preparation Chair**: (if applicable) |  | Date: |  |
| **Provost (or designee) Signature:**  *(Required only as indicated in Curriculum Committee Procedures Document)* |  | Date: |  |
| **Curriculum Committee Chair**: (if applicable) |  | Date: |  |

\* New degree programs must follow the PSU Program Approval Process: <https://pressbooks.plymouth.edu/curriculumcommittee/chapter/new-program-approval-process/>