AAPPS 02.01.10

Request Form for Changing an Academic Program

Administrative Information

**1. Institution:** Texas State University-San Marcos

**2. Program Name: Show how the program appears on the Coordinating Board’s program inventory (*e.g., Bachelor of Business Administration degree with a major in Accounting*):**

**3. Description: Briefly describe the requested change(s).**

**4. Program CIP Code:**

**5. Proposed Effective Date:**

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

* **Name:**
* **Title:**
* **E-mail:**
* **Phone:**

**7. Required Reviews: (depends on scope of proposed change)**

* Faculty
* Department/School Curriculum Committee or Department/School Faculty
* Department Chair/Program Director/School Director
* College Curriculum Committee
* College Council
* College Dean
* Dean of The Graduate College (if applicable)
* Associate Vice President for Academic Affairs
* Provost
* University Curriculum Committee
* Faculty Senate
* Council of Academic Deans
* University Council
* President
* Texas State University System Board of Regents
* Texas Higher Education Coordinating Board
* Southern Association of Colleges and Schools (if applicable)

**I. Change in Semester Credit Hours (SCH):**

Current SCH:

Proposed SCH:

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

**Will the reduction in semester credit hours cause the program to fall below the minimum requirements? How does the change compare to programs at other universities?**

* 1. Southern Association of Colleges and Schools YES NO
  2. Program Accreditor(s) YES NO NA

Name of Program Accreditor:

* 1. Licensing Body(ies) YES NO NA

Name of Licensing Body(ies):

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

**Provide detailed information (such as changes in accrediting agency or licensing body requirements, workforce needs, or academic professional standards) describing the compelling academic reason for increasing the number of SCH. How does the change compare to programs at other universities?**

**C. For proposed baccalaureate programs, complete the following table identifying how course curriculum will be organized in a 4 year catalog degree plan.**

| (name of baccalaureate degree)  (name of baccalaureate major)  Minimum required: \_\_\_\_ semester credit hours | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Freshman Year | | Sophomore Year | | Junior Year | | Senior Year | |
| Course  (prefix & number)  (prefix & number)  (prefix & number)  Total | Hour | Course  (prefix & number)  (prefix & number)  (prefix & number)  Total | Hour | Course  (prefix & number)  (prefix & number)  (prefix & number)  Total | Hour | Course  (prefix & number)  (prefix & number)  (prefix & number)  Total | Hour |

**II. Change in Administrative Unit administering the program**

**A. What is the new administrative unit to offer the current program? Provide a narrative of the requested change and a justification for the change.**

**B. Describe how the change would affect students, faculty, and staff in the current program. How many students would be affected? How many faculty? Describe how students have been notified of the proposed change.**

**III. Change in Name of Degree, Major, Minor, Certificate or Concentration:**

**A. Change in Degree Title**

**What is the new title? Will the old title be phased-out or take effect upon approval? Provide a narrative of the requested change and a justification for the change. How does the change compare to programs at other universities? Are courses affected by this change? If so, active courses that will be used in this program should be reviewed to determine if changes are needed to those courses because of the program change, e.g., contact hours, co-requisites, descriptions, prerequisites, restrictions, titles, etc. (not to include prefix or numbers.) Course Request Forms for new and changed courses must be submitted with the program proposal.**

**B. Change in Name of Major, Minor, Certificate and/or Concentration**

**What is the new name? Will the old name be phased-out or take effect upon approval? Provide a narrative of the requested change and a justification for the change. How does the change compare to programs at other universities? Are courses affected by this change? If so, active courses that will be used in this program should be reviewed to determine if changes are needed to those courses because of the program change, e.g., contact hours, co-requisites, descriptions, prerequisites, restrictions, titles, etc. (not to include prefix or numbers.) Course Request Forms for new and changed courses must be submitted with the program proposal.**

**IV. Change in Curriculum Requirements:**

**A. What courses in the program are changing? If the requested change affects courses from another department or school, has that Department Chair or School Director been notified? Will the changes affect any teacher certification, accreditation, or licensure requirements? Provide a narrative of the requested change and a justification for the change. Are courses affected by this change? If so, active courses that will be used in this program should be reviewed to determine if changes are needed to those courses because of the program change, e.g., contact hours, co-requisites, descriptions, prerequisites, restrictions, titles, etc. (not to include prefix or numbers.) Course Request Forms for new and changed courses must be submitted with the program proposal.**

**B. For proposed baccalaureate programs, complete the following table identifying how course curriculum will be organized in a 4 year catalog degree plan.**

| (name of baccalaureate degree)  (name of baccalaureate major)  Minimum required: \_\_\_\_ semester credit hours | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Freshman Year | | Sophomore Year | | Junior Year | | Senior Year | |
| Course  (prefix & number)  (prefix & number)  (prefix & number)  Total | Hour | Course  (prefix & number)  (prefix & number)  (prefix & number)  Total | Hour | Course  (prefix & number)  (prefix & number)  (prefix & number)  Total | Hour | Course  (prefix & number)  (prefix & number)  (prefix & number)  Total | Hour |

**V. Change in Program Admission Requirements and/or Graduation GPA**

**A. Change in GPA Requirement**

**What is the current GPA requirement? What is the proposed GPA? Will the new requirement take effect upon approval or be phased-in. What is the impact of the new requirement? Will the new GPA be required for graduation? Provide a narrative of the requested change and a justification for the change. Are courses affected by this change? If so, active courses that will be used in this program should be reviewed to determine if changes are needed to those courses because of the program change, e.g., contact hours, co-requisites, descriptions, prerequisites, restrictions, titles, etc. (not to include prefix or numbers.) Course Request Forms for new and changed courses must be submitted with the program proposal.**

**B. Change in Other Admission Requirement**

**What is the change? Provide a narrative of the requested change and a justification for the change. Are courses affected by this change? If so, active courses that will be used in this program should be reviewed to determine if changes are needed to those courses because of the program change, e.g., contact hours, co-requisites, descriptions, prerequisites, restrictions, titles, etc. (not to include prefix or numbers.) Course Request Forms for new and changed courses must be submitted with the program proposal.**

**VI. Resources – Describe how the change(s) would affect resources (e.g., faculty appointments, the course inventory, facilities, and equipment) for the next five years.**

|  |
| --- |
| **Texas State University-San Marcos**  **(insert name of program)**  **Signature Page**  1. *I hereby certify that all of the above changes have been approved in accordance with the procedures outlined in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.55.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provost/Chief Academic Officer Date  2. Adequacy of Funding – The chief executive officer shall sign the following statement:  *I certify that the institution has adequate funds to complete the above change. Furthermore, the change will not reduce the effectiveness or quality of existing programs, departments, schools, or colleges*.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chief Executive Officer Date  3. Board of Regents Approval – A member of the Board of Regents or designee shall sign the following statement:  *On behalf of the Board of Regents, I certify that the Board of Regents has approved the above changes.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board of Regents (or Designee) Date |