Curriculum Change Proposal Form

**Unit pro­posing the change (department, committee, etc.):**

|  |  |
| --- | --- |
| **Check all that apply** | |
| **Changes to academic major or minor  Changes to course titles, descriptions, or number within level  Changes to prerequisites**  ***Required items:*** *Dept. Chair or Program Coord signature(s)* *Copy to Division Chair* | **Course additions, cross-listings or deletions  Course level changes  Change in course credit hours  Change in grading S/U to A-F and A-F to S/U**  ***Required items:*** *Dept. Chair or Program Coord. Signature(s)*  *Division Chair signature*  *Summary of division discussion* |
| **Student-designed majors  Non-credit workshops.**  ***Required items:*** *Dept. Chair or Program Coord signature(s)* *Copy to Division Chair* | **Changes to statements of academic philosophy or policy  Additions or deletions of majors, minors, or other programs  Changes to degree requirements  Additions or deletions of courses to or from the Gen Ed  Change of category for Gen Ed courses.  *Required items:***  *Dept. Chair or Program Coord. signature(s)*  *Division Chair signature*  *Summary of division discussion* |
| **Special courses or credit workshops.**  ***Required items:***  *Dept. Chair or Program Coord. signature(s)*  *Division Chair signature*  *Division Discussion* | **Other (Explain in 1 below)**  ***Required items:*** *See Provost for details regarding approval requirements.* |

**Required items should be completed prior to submission to the Undergraduate Curriculum Committee.**

**See** [**APAP section 110.1**](https://www.muskingum.edu/sites/default/files/media/Academic%20Affairs/apap.pdf) **for more information regarding changes to curriculum.**

# Proposed change

1. **Detailed description of the proposed change**:
2. **Justification for change**:
3. **Proposed term of initial offering or implementation date**:
4. **As applicable, please provide or attach the following information:**
   1. **Course subject and number (or proposed number):**   
      1. **Recommended level(s):**  FR  SO  JR  SR
      2. **Explain recommended levels:**
   2. **Course title**:
   3. **Credit hours**:
   4. **Prerequisites or other special conditions (if any)**:
   5. **Requirements it will satisfy (major, minor, Gen Ed, licensure)**:
   6. **Proposed catalog description**:
   7. **Anticipated frequency of offering:** Every semester  Once a year  Alternate years
   8. **Attach Sample Syllabus (if applicable):**

A sample syllabus should include the course description, learning objectives, sample assignments or assessments, & sample required texts. Additional information is welcome.

# Impact of Change

1. **Describe the potential impact(s) of this change:**

This course is taught as a part of:

Prerequisites for other courses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other majors or minors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interdisciplinary programs or majors (including IDIS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate courses

Muskingum Adult Program (MAP)

Licensure requirements (teacher preparation, nursing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 *Attach summary of notification and responses from all affected parties.*

1. **If adding or removing a course to the Gen Ed:**
   1. **How will this impact the course offerings in the Gen Ed category?**
   2. **How do its Learning Objectives align with the category’s Learning Objectives? (if applicable)**
   3. **How will it be assessed in accordance with General Education assessment requirements? (if applicable)**

*Attach summary of notification and responses from all affected parties.*

1. **Staffing considerations:** Can be taught by present staff  Will require additional staff
2. **Changes to current course offerings needed to accommodate the proposed change**:
3. **Resources required (facilities, equipment, supplies, library materials, etc.)**:

# Signatures

***Electronic signatures are encouraged. An image of the signature or an email serves as an electronic signature.***

**Department Chair or Program Coordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach summary of department discussion.

Department Vote Date: Click or tap to enter a date.

In favor Opposed Abstentions

**Vice President of Graduate and Continuing Studies:** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach comments.

Date: Click or tap to enter a date.

In favor  Opposed  Abstain

**Teacher Preparation Programs [Initial Licensure]**: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach comments.

Date: Click or tap to enter a date.

In favor  Opposed  Abstain

**Division Chair**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach summary of division discussion(s).

Division Vote Date: Click or tap to enter a date.

In favor Opposed Abstentions

**Undergraduate Curriculum Committee Chair (Provost): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Curriculum Committee Vote Date: Click or tap to enter a date.

In favor Opposed Abstentions