

Form 05 – Program – Modify

Instructions

Use this form to make changes/modifications to an existing academic program found in the [2018-2019 General Catalog](#). Please follow the instructions found on this document and complete the form in its entirety. For any questions or concerns, contact the Associate Provost’s Office.

- 1) Save the PDF document with the following naming convention: Program Modify – [Program Name].pdf.
- 2) **Section 00. Requested Changes:** Check all boxes that reflect the changes being made. If a modification is not listed, enter a short description in the “Other” box provided.
- 3) **Section 01. Program Curriculum:** Select the department over the program and enter the name of the program being modified and provide a brief summary of the changes. You may attach a Word document outlining the modifications if they are extensive enough that they do not easily fit in the provided textbox. If any new courses are also being proposed, list them in the appropriate area (prefix, number, and title only).
Contact catalog@suu.edu for a Word document containing the program that you are modifying. *Please do not copy the program from the online catalog yourself.* Receiving the program information from the Associate Provost’s Office will ensure that you are working with the current program and in the appropriate formatting.
- 4) **Section 02. Justification for Modification:** Provide a brief justification for making the changes. If the provided textbox is not large enough, you may attach a Word document (please use same document if you also needed to expand on the modification summary).
- 5) **Section 03. Effect of Modification:** Provide a brief summary of any resources needed for this program change, such as additional faculty and/or staff lines, lab equipment, library holdings, classrooms, etc. Select “Yes” or “No” to indicate if the program modification will affect any Elementary or Secondary Education program. If yes, the program modification will also need to be approved by the Professional Education Coordinating Council.
- 6) **Section 04. Requested Implementation Date:** Select the catalog year for the modified program to take effect. Catalog years start in summer semesters.
- 7) **Section 05. Signatures:** Type in the appropriate name and check the box.
- 8) Send completed electronic document(s), *including the modified Word document reflecting the proposed changes*, to katyakonkle@suu.edu via the Dean's Office by the [posted deadlines](#) for university-wide curriculum committees. Do not scan or “flatten” document.

Section 00. Requested Changes

Select all areas that apply:

Program Description/Information/Prerequisites

Other (provide explanation)

Adding Course(s)

Removing Course(s)

Credit Total(s)

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Section 01. Program Curriculum

Department

Program Name

Provide a brief summary of the proposed change(s):

List any new course(s) that are being developed to support the program modifications:

Attach the modified Word document with the program changes reflected in the Track Changes mode.

Section 02. Justification for Modification

Provide a brief justification for the proposed change(s):

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Section 03. Effect of Modification

Provide a brief narrative addressing the availability of resources (faculty, staff, facilities, equipment, and library) required for this proposed change(s):

Does this program modification impact the Elementary and/or Secondary Education majors? Yes No

Section 04. Requested Implementation Date

Select Catalog Year

Section 05. Signatures

Originator		Prof. Ed. Coordinating Council Chair <small>(Approval required for programs utilized by Elementary & Secondary Education majors)</small>	
Name	Date	Name	Date
<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>		<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>	
Department Curriculum Committee Chair		University Curriculum Chair	
Name	Date	Name	Date
<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>		<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>	
Department Chair		Provost	
Name	Date	Name	Date
<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>		<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>	
College Curriculum Committee Chair			
Name	Date		
<i>By checking this box, I am certifying my acceptance of this document in lieu of a signature.</i>			