

REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

Program _____

Formal Option _____ (if applicable) Or Specialty Field _____ (if applicable)

Department (if applicable) _____

College (if applicable) _____

Degree title _____ Bulletin PP _____

CIP Code _____ UK ID No. _____ HEGIS Code _____

Accrediting Agency (if applicable) _____

I. PROPOSED CHANGE(S) IN PROGRAM REQUIREMENTS

1. Particular University Studies Requirements or Recommendations for this program

	<u>Current</u>	<u>Proposed</u>
English Writing	_____	_____
Communication	_____	_____
Mathematics	_____	_____
Area I (Natural Science)	_____	_____
Area II (Social Science)	_____	_____
Area III (Humanities)	_____	_____
Area IV (Cross-disciplinary component)	_____	_____
Area V (Non-western cultural component)	_____	_____

2. College Depth and Breadth of Study Requirements (if applicable) (including particular courses required or recommended for this program) NOTE: To the extent that proposed changes in 2 through 6 involve additional courses offered in another program, please submit correspondence with the program(s) pertaining to the availability of such courses to your students.

<u>Current</u>	<u>Proposed</u>
_____	_____
_____	_____
_____	_____
_____	_____

3. Premajor or Preprofessional Course Requirements (if applicable)

<u>Current</u>	<u>Proposed</u>
_____	_____
_____	_____
_____	_____
_____	_____

Total Hours _____

4.	Credit Hours Required	<u>Current</u>		<u>Proposed</u>	
<hr/>					
a.	Total Required for Graduation	<hr/>			
b.	Required by level	100	200	300	400-500
		<hr/>	<hr/>	<hr/>	<hr/>
c.	Premajor or Preprofessional (if applicable)	<hr/>	f.	Hours Needed for a Particular Option Or Specialization (if applicable)	<hr/>
d.	Field of Concentration (if applicable)	<hr/>	g.	Technical or Professional Support Electives (if applicable)	<hr/>
e.	Division of Hours Between Major Subject and Related Field (if applicable)	<hr/>	h.	Minimum Hours of Free or Supportive Electives (Required)	<hr/>

5.	Major or Professional Course Requirements	<u>Current</u>		<u>Proposed</u>	
		<hr/>		<hr/>	
		<hr/>		<hr/>	
		<hr/>		<hr/>	
		<hr/>		<hr/>	
		<hr/>		<hr/>	

6.	Minor Requirements (if applicable)	<u>Current</u>		<u>Proposed</u>	
		<hr/>		<hr/>	
		<hr/>		<hr/>	
		<hr/>		<hr/>	
		<hr/>		<hr/>	
		<hr/>		<hr/>	

Total Hours

7. Rationale for change(s): (If rationale involves accreditation requirements, please include specific references to those requirements.)

8. List below the typical semester by semester program for a major.

[illegible]

Will this program be printed in the Bulletin?

☐ Yes ☐ No

Signatures of Approval

Department Chair	Date
Dean of the College	Date
	Date of Notice to the Faculty
*Undergraduate Council	Date
*University Studies	Date
*Graduate Council	Date
Academic Council for the Medical Center	Date
Senate Council	Date of Notice to University Senate

*If applicable, as provided by the Rules of the University Senate

ACTION OTHER THAN APPROVAL