

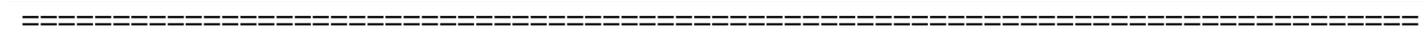
*Note: Submit this form printed on blue.*

**GRADUATE COUNCIL OF SHEPHERD UNIVERSITY  
PROPOSED PROGRAM ADDITION, DELETION, OR CHANGE**

College: \_\_\_\_\_ Department: \_\_\_\_\_

Program Title: \_\_\_\_\_ (Emphasis) \_\_\_\_\_ (28 characters)  
Program \_\_\_\_\_ Concentration: \_\_\_\_\_ Teaching Specialization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please explain briefly how the deletion, addition, or change you are proposing may affect a program learning goal established by your program:



\_\_\_\_\_ This is a **PROGRAM DELETION**.

1) Please give the semester and academic year when students may enter this program for the last time:  
**Semester:** \_\_\_\_\_ **Year:** 20\_\_\_\_ B 20 \_\_\_\_\_

2) Number of students currently enrolled in this program: \_\_\_\_\_ Describe arrangements to allow them to complete:

3) Brief justification of program deletion:

4) Contact person for revision of College Catalog: \_\_\_\_\_ Telephone: \_\_\_\_\_



\_\_\_\_\_ This is a **PROGRAM CHANGE**.

1) Please give the semester and academic year when this change will first become effective.  
**Semester:** \_\_\_\_\_ **Year:** 20\_\_\_\_ B 20 \_\_\_\_\_

2) Brief description of research or rationale given as justification for this program change (**attach documentation**):

3) Describe arrangements to accommodate students currently pursuing this program:

4) Describe the possible impact of this program change on existing programs in YOUR department:

5) Describe the possible impact of this program change on existing programs in OTHER departments, and how such impact will be accommodated:

6) Describe additional resources (personnel, space, equipment, recruitment materials, etc.) needed for this change:

7) Attach documentation of any commitments of support for this change that have been made by the chief administrative officers of the college and/or outside agencies.

8) Attach a copy of the current catalog format, inserting your proposed changes.

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\_\_\_\_\_ This is a **PROGRAM ADDITION**.

1) Please give the semester or summer session and academic year when students will first be able to enter this program.

**Semester:** \_\_\_\_\_ **Year:** 20\_\_\_\_ - 20\_\_\_\_

2) Has this program been offered previously? \_\_\_\_\_ If so, state when and why it was dropped:

3) Brief description of research and rationale which justifies the need for this program (**attach documentation**):

4) Project enrollments for this new program for the first five years it will be offered.

5) Provide a reasonable estimate of the start-up cost for this new program (\$XX per year for XX years), and explain any unusually high or low start-up cost estimate:

6) Describe the possible impact of this new program on existing programs in YOUR department:

7) Describe the possible impact of this new program on existing programs in OTHER departments, and how such impact will be accommodated:

8) Describe additional resources (personnel, space, equipment, recruitment materials, etc.) needed for new program:

9) Attach documentation of any commitments of support for this change that have been made by the chief administrative officers of the college and/or outside agencies.

10) Attach a description of this program using the current catalog format.

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*Note: Submit this form printed on blue.*

This proposal was approved by the Department: \_\_\_\_\_ on \_\_\_\_\_  
(Chair of Department) (Date)  
Please attach copy of departmental minutes. Print name: \_\_\_\_\_

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This proposal was approved by the College: \_\_\_\_\_ on \_\_\_\_\_  
(College Dean) (Date)  
Print name: \_\_\_\_\_

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\_\_\_ This proposal concerns a curriculum that is part of, or may become part of, the Teacher Preparation Program.  
Approved by EPPC: \_\_\_\_\_ on \_\_\_\_\_  
(Chair of EPPC) (Date)  
Print name: \_\_\_\_\_

\_\_\_ This proposal does not concern a curriculum that is part of, or may become part of, the Teacher Preparation Program.

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Submitted by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
Dean of Graduate Studies Provost Date  
Print names: \_\_\_\_\_

- Copies to:
1. Graduate Program Coordinator
  2. Registrar (*if approved*)

updated 11/16/17