**Program Revision Proposal**

**Title of Proposal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsoring Department(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Department Review and Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature(s) of Sponsoring Chair(s)/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean’s Preliminary Review:**

College:  CAS  PCPS  KSOM

Proposal:  Complete

 Satisfies University of Scranton Curricular Requirements

 Consistent with College Goals/Mission

 Additional preliminary comments below

**Dean’s Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Signatures (i.e. Department Chairs/Program Directors of Impacted Programs and/or of the Library):**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_***

Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

**Program Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Program (please check only one box per form)**:

 Major

 Minor

 Track

 Concentration

 Graduate Program

 Specialization

 Other

**Nature of Revision (check all that apply)**:

 Adding/removing required courses

 Adding/removing elective options

 Adding/removing cognates

 Changes to curriculum grid

 Change number of credits required

 Other

**Details of the Revision**:

**Rationale for Revision**:

**Will any programs (majors, minors, concentrations, tracks, graduate program, or specializations) be impacted by this program change?**  Yes  No

\* If yes, please list the names of the program (s) in the box below and explain the impact and response of the affected program(s).

\* *Please note that if a program is impacted by this change, the signature of the Department Chair or Program Director is required on the first page of this proposal.*

**Will the revision require allocation/reallocation of University resources?**  Yes  No

\* If yes, please list in the box below.

\* *Please note that if library resources are listed, please obtain the signature of the Department Chair of the Library.*

Timeline for Implementation of Program Revision:

\* If you need more space, please attach more detailed timeline.

**Required Attachment:**

Please attach an old grid and a new grid with the changes highlighted.