Program Revision Form

California State University, Stanislaus

Title of Degree Major, Minor, Concentration, Emphasis, Certificate, or Credential

Program revision requests are to be submitted to the Office of Academic Programs only after approval by the department curriculum committee, the department chair, the college curriculum committee, and the college dean. Program revision procedures are applicable to all degree major, minor, concentration, emphasis, certificate, and credential programs.

The format for submission of program revisions is specified to ensure clear communication and accurate catalog copy. Please submit information in accordance with the format found in the attachments.

1. Specify the differences between the proposed program and the current program. (What courses are being added and dropped? What are the differences in the number of units between the proposed and current programs?) If any new courses are being added, attach a copy of the approved course proposal forms. Respond in the format on Attachment A.

2. Describe the rationale for the proposed changes on Attachment B.

3. Provide catalog copy *exactly* as it is to appear in the University's General Catalog on Attachment C.

4. Provide a cost analysis of the resources needed for the new program in comparison to the current program on Attachment D.

5. Describe consultation results on Attachment E.

6. Complete the degree audit information on Attachment F.

# Approvals:

Department Curriculum Committee (Printed Name and Signature) Date

Program Coordinator (when applicable) (Printed Name and Signature) Date

Department Chair (Printed Name and Signature) Date

College Curriculum Committee (Printed Name and Signature) Date

College Dean (Printed Name and Signature) Date

Graduate Council Chair (Printed Name and Signature) Date

University Educational Policies Committee Chair (Printed Name and Signature) Date

Associate Vice President for Academic Planning and Analysis Date

**ATTACHMENT A**

Title of Program

Department

**Current Program** (as noted in catalog) **Proposed Program**

Required Courses (catalog number and title) Required Courses (specify new and modified courses)

     

Electives Electives

     

Total Number of Units =                                 Total Number of Units =  

**ATTACHMENT B**

Rationale

Describe the rationale for the proposed changes.

**ATTACHMENT C**

Catalog Copy

Please type ***exactly*** as it is to appear in the University catalog. Following final approval, send an electronic copy (in MS Word NOT pdf) of the catalog copy to Randi Esau at [resau@csustan.edu](mailto:resau@csustan.edu) to expedite adding the revision to the online catalog.

**ATTACHMENT D**

Cost Analysis

Describe resources needed for the new program in comparison to the current program.

1. List additional faculty required (workload analysis should be completed if the program design changes substantially to affect workload calculations using C/K/S factors). If no additional faculty are required, please specify.
2. List additional equipment funding required. If no additional equipment funds are required, please specify.
3. List additional technological infrastructure costs for program initiation and continuation. If none are required, please specify.
4. List additional library allocations required. If none are required, please specify.
5. List additional supplies and services funding needed. If none are required, please specify.

**ATTACHMENT E**

Consultation

Consultation is necessary in the following circumstances.

1. courses from other departments are included in the program
2. new, deleted, or modified courses included in the program may impact other programs
3. courses may contain content that is offered by other programs and affects University resources
4. other

Specify departments and department chairs consulted, and attach the results of the consultation.

If consultation wasn’t required, please specify.

**ATTACHMENT F**

California State University, Stanislaus

## Degree Audit Information

|  |
| --- |
| Department |
| Program Title and Degree |

|  |  |  |
| --- | --- | --- |
| Line | Proposed Program **(# of units)** | **Description** |
| 1 | 51 | University general education requirements |
| 2 |  | Prerequisites to the major |
| 3 |  | Upper-division (major requirements) |
| 4 |  | WP course (if *not* required in the major) |
| 5 |  | Other (if applicable) |
| 6 |  | **TOTAL minimum units required** (add lines 1 through 5) |
| 7 |  | University elective units (subtract line 6 from line 8) |
| 8 | 120 | TOTAL UNIT DEGREE REQUIREMENTS |
| 9 |  | WP course required in the major  Course prefix and number: |
| 10 |  | Lower-division prerequisite course(s) that may be applied toward GE  Course prefix, number, units, area:  Course prefix, number, units, area:  Course prefix, number, units, area:  Course prefix, number, units, area:  Course prefix, number, units, area:  Course prefix, number, units, area: |
| 11 |  | TOTAL double-counted courses (add lines 9 and 10) |
| 12 |  | TOTAL units taken (subtract line 11 from line 8) |

|  |
| --- |
| Prepared by Date |
| Approved by Date |