**CHANGE REQUEST FORM: CURRICULUM MODIFICATION**

Use this form to request approval to **make changes to majors** (sometimes referred to as degree programs, specializations, or concentrations) **that have previously been approved**. For the purposes of this document, a “major” is defined as an integrated program of study of more than 30 semester (or 45 quarter) hours. A change request is required when the institution intends to modify **fifty percent or more** of the requirements of the major (excluding internships, clinical practicum, field experiences, and student teaching).

Please submit your request **at least 60 days before classes begin**. Send the completed form and appendices **via email** to jfullerton@regents.state.oh.us . Documents may be submitted as Microsoft Office documents (e.g., Word or Excel) or as PDF documents.If the electronic documents are too numerous or too cumbersome to email, you may copy them to a CD or “flash drive” and then mail the CD or flash drive to our office.

A special note to institutions undergoing the semester conversion process:

Changes to Minors or Certificates (that do not lead to Education Licenses or Endorsements)

Changes to existing minors or certificate programs as a result of the calendar conversion process do not require a review by our office.

Changes to Majors

If the majority of the content remains the same and has simply been revised or “repackaged” to fit within a semester system, there is no need to submit the program for approval.

# **CHANGE REQUEST FORM: CURRICULUM MODIFICATION**

**Date of submission:**

**Name of institution:**

**Proposed start date:**

**Date that the request received final approved from the appropriate institutional committee:**

**Primary institutional contact for the request**

**Name:**

**Title:**

**Phone number:**

**E-mail:**

**Educator Preparation Programs:**

*Indicate whether the program being modified leads to educator preparation licenses or endorsements.*

Licensure *Yes/No*

Endorsement *Yes/No*

*If educator preparation licenses or endorsements are associated with any of the programs offered at the new location, please contact Kelly Gaier, Administrator, Academic Quality Assurance, at (614) 728-3095 or* *kgaier@regents.state.oh.us**, so that he can coordinate your request with individuals in our office who oversee the approval of educator preparation programs.*

**Rationale:**

*Briefly describe the rationale for the curricular change.*

# **SECTION 1: PROGRAM MODIFICATION**

1.1 *Submit a comparison of the currently authorized curriculum and proposed curriculum.* ***Submit course descriptions and syllabi for all new courses*** *as appendix items.*

| ***Previously Authorized Curriculum*** | ***Credit Hours*** | ***Proposed Curriculum*** | ***Credit Hours*** |
| --- | --- | --- | --- |
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**1.2 *Describe changes to the following because of the request (if applicable):***

* *Total number of credit hours for program completion*
* *Time to complete program*

**1.3 *Describe how the change will affect students currently in the program:***

**1.4 *Describe any faculty changes because of the request:***

**1.5 *Describe any administrative or support services changes because of the request:***

**1.6 *Describe how the effectiveness of the new curriculum will be monitored over time:***

**1.7 *Provide evidence that the appropriate accreditation agencies have been notified of the proposed change (if applicable)***

**1.8 *Describe financial implications (if applicable)***

***1.9 Endorsements (required)***

# **Financial Implications**

***If applicable, please describe below any financial implications***

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| --- | --- | --- | --- | --- |
| **Total Projected Enrollment** |  |  |  |  |
| 1. **Projected Enrollment**
 |  |  |  |  |
| Head-count full time |  |  |  |  |
| Head-count part time |  |  |  |  |
| Full Time Equivalent (FTE) enrollment |  |  |  |  |
|  |  |  |  |  |
| 1. **Projected Program Income**
 |  |  |  |  |
| Tuition (paid by student or sponsor) |  |  |  |  |
| Expected state subsidy | 0 | 0 | 0 | 0 |
| Externally funded stipends, as applicable |  |  |  |  |
| Other income (if applicable, describe in narrative section below) |  |  |  |  |
|  |  |  |  |  |
| **Total Projected Program Income** |  |  |  |  |
|  |  |  |  |  |
| 1. **Program Expenses**
 |  |  |  |  |
| New Personnel * Instruction (technical, professional and general education )

 Full \_\_\_\_ Part Time \_\_\_\_* Non-instruction (indicate role(s) in narrative section below)

 Full \_\_\_\_  Part time \_\_\_\_  |  |  |  |  |
| New facilities/building/space renovation (if applicable, describe in narrative section below) |  |  |  |  |
| Scholarship/stipend support (if applicable, describe in narrative section below)  |  |  |  |  |
| Additional library resources (if applicable, describe in narrative section below) |  |  |  |  |
| Additional technology or equipment needs (if applicable, describe in narrative section below) |  |  |  |  |
| Other expenses (if applicable, describe in narrative section below) |  |  |  |  |
|  |  |  |  |  |
| **Total Projected Expense** |  |  |  |  |
| **Total Projected Surplus/Loss** |  |  |  |  |

**Budget Narrative:**

*(Use narrative to provide additional information as needed based on responses above.)*

**College Business Officer Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposal Endorsements**

**Program Director\***- “I certify that this proposal is endorsed by the proposed program faculty and that they have agreed, in principle, to participate actively in the program.”

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**Unit Head\***- “The department will provide the departmental resources and support described in this document toward the development of the proposed program.”

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**College Dean\***- “The college fully supports the development of the program described in this proposal and will provide college resources as described in this document.”

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***\**All regional campus requests require endorsement from regional partner indicating approval of program at this campus**

# **APPENDICES**

**Appendix items**

*List the appendix items that are included with the request, in the order they are referred to in the proposal. Appendix items should be clearly labeled and submitted electronically as PDF documents or as Microsoft Office documents (e.g., Word or Excel).*

*e.g.,*

*Appendix1.1\_Syllabus\_BUS448*

*Appendix1.1\_Syllabus\_BUS560*

*Appendix1.4\_CV\_new program director*

*Appendix1.7\_notification AACSB*