OLD DOMINION UNIVERSITY

Degree Program Change Form

This form is used to propose curricular changes requiring institutional and external review, including SCHEV (and SACSCOC) notification or approval. It supports forward-focused planning, alignment with workforce and student needs, and coordinated institutional decision-making.

Please note: All requests must be reviewed by the Department Chair, College Curriculum Committee, Dean/Associate Dean, the External Department Chair(s) (if the proposal impacts or involves another program), and the Graduate School (if required) before submission to the Office of the University Registrar for final review and recommendation. Be sure to submit requests in a timely manner, in accordance with established catalog deadlines.

College/School:	Department/School:
Requestor's Name:	Requestor's: Email:
Target Implementation Date(SEM/YR):	Target Catalog Publication Date (SEM/YR)
(For Discontinuance only): Teach Out Date:	
Type of Program:	
Name of Degree or Certificate Program (include major or concentration, if applicable):	
List departments, units, or external partners consulted in developing this proposal (e.g., library, advising, workforce partners, IR, student support services). Summarize how their input informed the proposal.	

Select the primary action driving this request. Additional actions may be noted in the description.

REQUESTED ACTION

☐ New Undergraduate Degree Program	☐ New Graduate Degree Program
☐ Discontinue Undergraduate Degree or Certificate	☐ Discontinue Graduate Degree or Certificate

NOTIFICATIONS:	
Office of Institutional Effectiveness & Assessment:	
Notes:	
Office of the University Registrar:	
Notes:	
RECOMMENDATION: Information on the following pages must be completed before signatures obtained.	
Requestor: Yes ☐ No ☐	
Department Chair: Yes ☐ No ☐	
External Department Chair(s): Yes ☐ No ☐ N/A ☐	
College Curriculum Committee: Yes ☐ No ☐	
College Dean/Associate Dean: Yes ☐ No ☐	
Dean, Graduate School or Designee: Yes ☐ No ☐ N/A ☐ *(required for graduate programs only)*	
Faculty Senate: Yes ☐ No ☐	
FINAL APPROVAL	
Provost or Designee Final Approval: Yes ☐ No ☐	
After final approval, the following offices must receive a fully endorsed copy of the form: Office of the University Registrar, Office of Institutional Effectiveness and Assessment the Office of Institutional Research, and the relevant college(s) and departments.	

1. **Description of Proposed Change:**

2. **Rationale for Request:**

3. **Program, Major/Concentration, or Certificate Description and Requirements (to be used for the Catalog text):**
   If proposal include new or revised course, please submit the appropriate information through the online Course Inventory Management process in **CourseLeaf** (nextcatalog.odu.edu/courseadmin). Note: Specific content courses are expected for each certificate proposal. (Attach additional sheets, if necessary.)

   a. **Admission information (include requirements, standards, and deadlines, as applicable:**

   b. **Degree Requirements:**

   c. **Curriculum (Include complete Course List and/or Plan of Study -Indicate total number of credit hours**

   d. **If there is an increase or decrease in the total number of credit hours required for the degree, please specify and explain the change.**

   e. **Continuance Requirements, if applicable:**

f. **Exit or Graduation Requirements, if applicable:**

4. **Assessment Plan for new or revised programs, majors/concentrations or certificate: Completed in coordination with the Assistant Director for Assessment. Please provide a summary of the planned assessment action.**

5. **Target Audience, if new degree, major, concentration, or certificate (be specific):**

6. **Course Delivery Modes (please note if a new delivery mode is being added or if the deliver mode is changing):**

7. **Additional funding needed beyond the existing resources:**

FOR ADMINISTRATIVE USE ONLY

ADMINISTRATIVE CODING

Effective Term: _____ Major Code:_____

College:_____ Degree Code: _____

Department: _____