

CURRICULAR REQUEST FORM

Please note: All requests must be approved by the Department Chair, College Curriculum Committee, Dean/Associate Dean, and the External Department Chair(s) (if the proposal impacts or involves another program) before submission to Academic Affairs (Undergraduate Catalog) or the Graduate School (Graduate Catalog) for final review and approval. Be sure to submit requests timely, in accordance with established catalog deadlines.

		Department:				
Requestor's Name:		Requestor's Email:				
·		Proposed Effective Date (SEI)	Proposed Effective Date (SEM/YR):			
		1 Toposed Effective Bate (SE	• • • • • • • • • • • • • • • • • • • •			
Name of Degree or Certificat	e Program (include major or c	concentration if applicable):				
Name of Begree of Certificat	e i rogiam (metade major or e	onechitation, if applicable).				
	or certificate program, please					
Change to Admission Re	-	Change to Continuance				
Change to Degree or Curriculum Requirements		Change to Exit or Graduation Requirements				
Change to Total Credit Hours for Degree (1 to 5)**		Change to or Additional Course Delivery Mode				
	lours for Degree (6 to 12)**	Other (Please Specify):				
Change to GPA Requiren						
		oproval from SCHEV and/or SACS may				
**If above 120 credit hours for the	undergraduate degree, 30 credit hou	ırs for the master's degree, and 48 cre	edits for the doctoral degree			
APPROVALS:						
	nages must be completed be	fore signatures are obtained				
injornation on the jollowing	Information on the following pages must be completed before signatures are obtained.					
	Print Name	Signature	Date			
Requestor						
Department Chair						
Department chan						
External Department						
External Department						
Chair(s), if appropriate						
Chair, College Curriculum						
Committee						
College Dean/Associate						
Dean						
**SEND TO ACADEMIC AFFAIRS (UNDERGRADUATE CATALOG) OR THE GRADUATE SCHOOL (GRADUATE CATALOG)						
FOR THE ADDITIONAL APPROVALS BELOW**						
Undergraduate or						
Graduate Catalog						
Administrator						
Office of Institutional	-					
Effectiveness & Assessment						
	<u> </u>					
Vice Provost for Academic						
Affairs/SACS Liaison						
		ministrator will provide copies of				
the Office of the University Registrar, the Office of Institutional Research, and the relevant college(s) and departments.						
NOTE: DO NOT LIPDATE OR REMOVE CATALOG CONTENT LINTIL APPROVAL IS RECEIVED						

<u>escription</u>	of Proposed Change:
ationale fo	or Proposal:
ogram. M	lajor/Concentration, or Certificate Description and Requirements (to be used for Catalog text):
proposal ourse Inve	includes new or revised courses, please submit the appropriate information through the online entory Management (CIM) process in CourseLeaf (nextcatalog.odu.edu/courseadmin). Note: Specific urses are expected for each certificate proposal. (Attach additional sheets, if necessary.)
a.	Admission Information (include requirements, standards, and deadlines, if applicable):
b.	Degree Requirements:
<u>a</u>	ogram, Moroposal nurse Inventent cou

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:				
	nt Plan for new or revised programs, majors/concentrations, or certificates: Completed in				
	on with the Assistant Director for Assessment. Please provide a summary of the planned assessment				
action.					

5. <u>Target Audience, if ne</u>	ew degree, major, concentration	on, or certificate (be specific)	<u>):</u>
6. <u>Course Delivery Mod</u> e	es (please note if a new deliver	y mode is being added or if t	the delivery mode is changing):
7. Additional funding ne	eded beyond existing resource	<u> 25:</u>	
	FOR ADMINISTRATI	VE USE ONLY	
ADMINISTRATIVE CODING			
Effective Term:		Major Code:	
College:		Degree Code:	
Department:			