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| --- | --- | --- | --- | --- | --- |
| **Proposal Number:** |  |  | **Current Academic Year:** |  | FYI |
| **Proposal Short Title:** |  |  | **UCC/GCC Approval Date:** | Click to enter date |  |

**Curriculum Committees Program Update Form**

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| --- | --- | --- | --- |
| **College:** | Click to select college | **College Approval Date:** | Click to Enter Date |
| **Department: (if applicable)** |  | **Dean:** |  |
| **Program Type:** | Click to select program type | **Program Director and/or Chair:** |  |
| **Program:** |  | **Proposal Sponsor & Email:** |  |

|  |  |
| --- | --- |
| **Proposal Options (Choose All That Apply)** | **Required Documentation** |
| Addition of Program, Major, Minor, Department, Certificate, or Endorsement | Program Mission, Program Goals, Degree Plan (Course Sequence for Program of Study), If Applicable- Curriculum Review Memorandum (CRM) |
| Elimination of Program, Major, Minor, Department, Certificate, or Endorsement | Existing Degree Plan, Teach-out Timeline, If Applicable- Curriculum Review Memorandum |
| Modification of Program, Major, Minor, Department, Certificate, or Endorsement | Program Mission, Program Goals, Degree Plan, If Applicable- Curriculum Review Memorandum |
| Title Change of Program, Major, Minor, Department, Certificate, Endorsement, or College | No Additional Documentation Needed (FYI) |
| Addition or Change of Admission Standards for Program, Major, Minor, Certificate, Endorsement | Data Analysis Supporting the Change (FYI) |
| Addition or Revision of Mission, Goal, or Vision Statements for an Academic Program, Department, or College | No Additional Documentation Needed (FYI) |

*The prompts in grey for items A-J are intended to guide the creation of the expected response and should not be removed.*

*Please provide a response in the space provided after each prompt.*

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|  | **Proposal Title:** A concise summary statement of the proposal’s purpose (e.g., make changes to the art major, create a new coaching minor, add admission requirements for animal science programs). |
|  | |
|  | **Need Discovery:** A brief summary indicating how the need for this proposal was discovered. Include what review process led to identifying this need as well as, if applicable, any supporting evidence that led to the discovery. If evidence can be hyperlinked, include the links here. If evidence cannot be hyperlinked, include it in Section J: Supporting Documents. |
|  | |
|  | **Current Catalog Copy:** Include text from the online UF catalog at <https://findlay.smartcatalogiq.com/>. Remove all bolding, hyperlinks, double spacing, and underlining. If copying and pasting, be sure to use font (Calibri 10pt) and color consistent with the other responses.  If no current catalog copy is available, insert “N/A”. |
|  | |
|  | **Proposed Catalog Copy:**  Insert the proposed catalog copy. Remove all bolding, hyperlinks, double spacing, and underlining. If copying and pasting, be sure to use a font (Calibri 10pt) and color consistent with the other responses.  If deleting all catalog copy related to the proposed change, insert “N/A”. |
|  | |
| **If proposing a new program of study or proposal changes any of the following, answer the following:**  Will the program of study be offered online, in person, or both?  What is the first term the program of study will be offered?  **Answer the following:**  Does this program update change 25% or more to the content of a program since the last Higher Learning Commission institutional or program review, either in a single change or as the sum total of aggregate changes? | |
|  | **Rationale:** Persuasive statements that explains how the proposal offers the best solution to the need discovered in Section B. *Address all items below (failure to address all items will stop the proposal from moving forward).* |
| **Solution** (Briefly explain how this proposal offers a solution to the need discovered in Section B)  **Justification** (Briefly explain why this is the *best* solution for the need discovered in Section B. Address why this is the best solution for the program, the course, the college, the students, and/or the University of Findlay)  **Evidence of Best Practices** (Include an explanation of how this change aligns with one or more of the following:  1) best practices in the discipline,  2) similar programs and courses at institutions like the University of Findlay,  3) accreditation standards, and/or  4) detailed internal data and evidence.  Include hyperlinks to those standards, practices, or programs whenever possible. If evidence cannot be hyperlinked, include it in Section J: Supporting Documents) | |
|  | **Projected Impact:** A statement detailing the projected impact, both positive and negative, that these changes could have on the institution on ***all of the items below***. Note the statement “no impact” is not an acceptable response. |
| Tuition and Income:  Faculty:  Support Staff:  Other Programs/Majors/Minors:  Current and Potential Students:  Facilities (including library):  Equipment and Other Potential Costs: | |
|  | **Proposal Effective Date and Term of First or Last Expected Offering:** |
| Upon Internal Approval  Upon External Approval (e.g., ODHE, HLC)  Term and Year (e.g., Fall Standard 2025, Winter Orange 2025) of First or Last Expected Offering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Student Notification:** If applicable, how will current students be notified (e.g., advising, email, catalog) of the changes in this proposal and the impact of those changes on the completion of their program of study? Note, there are certain program updates that impact non-academic areas on campus. Under these circumstances, an email will be sent by the Office of Academic Affairs to the impacted parties. |
|  | |
|  | **Retroactive Impact:** If the proposal creates changes that should be retroactively applied by the Registrar, indicate those changes here (e.g., “The degree audit should be modified to reflect current students can use either class to fulfill the requirement.”). If there is no retroactive impact, mark “N/A”. |
|  | |
|  | **Supporting Documents:** Respond either Yes, No, or N/A to each of the following prompts. If the response is Yes, insert the required and/or supporting document(s) after the directions for submission and file naming. |
| **Program Mission:**  Yes (attach)  No  **Program Goals:**  Yes (attach)  No  **Degree Plan:**  Yes (attach)  No  **Curriculum Review Memorandum (CRM):**  Yes (attach)  No  **Teach-Out Timeline:**  Yes  No  N/A (if no students are enrolled)  **Additional Supporting Documents from Section B:**  Yes (attach)  No  **Additional Supporting Documents from Section E:**  Yes (attach)  No  Note, if all responses are No, this proposal will be marked as an FYI by the appropriate curriculum committee after its review is finalized. | |

**For submission to GCC, please send the form and supporting material to the Chair of the Graduate Curriculum Committee**

**For submission to UCC, please send the form and supporting material to** [uccproposals@findlay.edu](mailto:uccproposals@findlay.edu)

File name should use the following format:

GCCorUCC.meeting.date\_UCCorGCC\_ProposalNumber\_Proposal\_Short\_Title

Example: 2019.09.24\_GCC\_COHP03G\_Modify\_MSHI