**SAM HOUSTON STATE UNIVERSITY
CONCENTRATION/TRACK CHANGE REQUEST FORM**

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| **Directions:** The **Concentration (Undergraduate)/Track (Graduate) Change Request Form** is to be used for existing programs intending to a) add a new concentration/track or b) delete a concentration/track from an existing degree program.**Note:** For analytical support regarding justification, [contact Program Analytics](https://shsu.co1.qualtrics.com/jfe/form/SV_cIK2OfvaXYoAZzU). **Assistance:** Contact the Office of Academic Planning and Program Development at (936) 294-2291.**University Curriculum Committee**: [Belonging Resources Statement](#_1._*Program_Name:" \o " The pursuits of excellent teaching and fostering a campus environment that welcomes a wide range of perspectives are intertwined and integral to achieving Sam Houston State University’s mission of providing high-quality education, scholarship, and service for our regional, state, national, and international constituencies. Diversified curriculum helps to ensure that every student and faculty member has a chance to reach their full professional potential and be a fully enfranchised member of the university community. Faculty seeking to develop new courses and curriculum initiatives are encouraged to consider their diverse audiences and to visit the UCC website for curricular design recommendations, suggestions, and examples.)*\* Asterisk denotes headers with directional information.* |

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| --- |
| **Administrative Program Information** |
| **1. \***[**Program Name**](#_1._Program_Name:)**:** |
| **2. Concentration/Track Title:** |
| **3. \***[**Proposed CIP Code (Number/Title):**](#_2.__Proposed) |
| **4. \***[**Administrative Unit:**](#_4.__Administrative) |
| **5. \***[**Proposed Implementation Date:**](#_6.__Proposed)Choose an item.Choose an item. |
| **6. \***[**Contact Person**](#_7.__Contact)**(s):**Name:Title:E-mail:Phone:Name:Title:E-mail:Phone: |
| **7.** \*[**Administrative Notes**](#_7.__Contact)**:** |

1. **Requested Change:***Please select the appropriate selection and complete the proceeding information based on your selection.*

 [ ]  Addition of Concentration/Track

 **If selected, sections I - III required.**

 [ ]  Deletion of Concentration/Track

 **If selected, only section I required.**

 **Justification (Required):** Click or tap here to enter text.

 **Deletion Term/Year:** Choose an item.Choose an item.

1. **Catalog Change Requirement:**

*For additions only, please, select the appropriate box below.*

[ ]  The proposed concentration is a 20% or less change from the existing SHSU program/concentrations.

 **Justification (Required):** Click or tap here to enter text.

[ ]  The proposed concentration is between 21%-49% different from the existing SHSU program/ concentrations.

\*Please note that additional APPD approval will be required if this is selected since THECB defines catalog changes to be 20% or lower and new programs 50% or greater.

 **Justification (Required):** Click or tap here to enter text.

[ ]  The proposed concentration is a 50% or greater change from the existing SHSU program/concentrations.

\*Please note that THECB defines the threshold for new programs to be 50% or greater. Therefore, this addition would **not** be added as a concentration. The proposed program would be considered a new degree program and would be required to go through the new degree program development process. If special circumstances exist, which need to be considered, please, provide detailed content in the Justification field.

 **Justification (Required):** Click or tap here to enter text.

1. **Curriculum: For Additions Only**
	1. \***[Degree Plan Information:](#course" \o "Provide a qualitative description of the course sequencing for the proposed concentration in relation to the existing program/concentrations. Please be as detailed as possible in this section. In addition, complete the Proposed Concentration Degree Plan table)** *Please, complete tables below.*

**Proposed Concentration Degree Plan: Course List**

|  |  |
| --- | --- |
|  | **SCH** |
| **[Degree Specific Requirements](#DSR" \o "Note: identify all Degree Specific Requirement Courses that overlap with a core curriculum component)**  |   |
|  *i.e., “Course Name, Course Number”* |  |
|  |  |
|  |  |
|  |  |
|   |   |
| **[Major: Foundation Courses](#FM" \o " Foundation courses should remain the same across differing concentration/tracks with the Concentration/Track courses being the unique or differing factor.)** |   |
|  *i.e., “Course Name, Course Number”* |  |
|  |  |
|  |  |
|  |  |
|   |   |
| **Concentration Courses** |   |
|  *i.e., “Course Name, Course Number”* |   |
|   |   |
|   |   |
|   |   |
| Total SCH for Degree Plan w/ Concentration |   |

*\*For multiple concentrations, copy/paste the table and repeat.*

*\*\*Please note that the 20% difference between concentrations* ***CAN NOT*** *come from the Core Curriculum or Major Foundation but instead should come from Prescribed or Free Elective hours.*

**Proposed Concentration Degree Plan: Plan of Study (Undergraduate Only)**

|  |
| --- |
| **Year 1** |
| **Fall** | **Hours** | **Spring** | **Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  | Total |  |
| **Year 2** |
| **Fall** | **Hours** | **Spring** | **Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  | Total |  |
| **Year 3** |
| **Fall** | **Hours** | **Spring** | **Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  | Total |  |
| **Year 4** |
| **Fall** | **Hours** | **Spring** | **Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  | Total |  |
| **Total:**  |

 **Note*:*** Please, add needed footnotes below as applicable.

**Footnotes:**

* 1. Satisfies the requirement for Core Curriculum Component Area I: Communication (6 SCH).
	2. Satisfies the requirement for Core Curriculum Component Area II: Mathematics (3 SCH).
	3. Satisfies the requirement for Core Curriculum Component Area III: Life and Physical Science (8 SCH).
	4. Satisfies the requirement for Core Curriculum Component Area IV: Language, Philosophy, and Culture (3 SCH).
	5. Satisfies the requirement for Core Curriculum Component Area V: Creative Arts (3 SCH).
	6. Satisfies the requirement for Core Curriculum Component Area VI: U.S. History (6 SCH).
	7. Satisfies the requirement for Core Curriculum Component Area VII: Political Science/Government (6 SCH).
	8. Satisfies the requirement for Core Curriculum Component Area VIII: Social and Behavioral Sciences (3 SCH).
	9. Satisfies the requirement for Core Curriculum Component Area IX: Component Area Option (4 SCH).

b. **Marketable Skills**: *Identify 3-5 marketable skills students will attain through the proposed program*.

1. Marketable Skill
 2. Marketable Skill
 3. Marketable Skill
 4. Marketable Skill
 5. Marketable Skill

**END FORM**

**Approval Recommendation Signatures:**

|  |
| --- |
| **Approval Recommendation Signatures:** |
| **Approved by Department Head/Faculty** | **Approved** |[ ]  **Disapproved** |[ ]
| **Signature:** Click or tap here to enter signature. | **Date:** Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by Department Chair** | **Approved** |[ ]  **Disapproved** |[ ]
| **Signature:** Click or tap here to enter signature. | **Date:** Click or tap here to enter date. |
| **Approved by Department Chair 2 (Interdisciplinary)** | **Approved** |[ ]  **Disapproved** |[ ]
| **Signature:** Click or tap here to enter signature. | **Date:** Click or tap here to enter date. |
| **Approved by Department Chair 3 (Interdisciplinary)** | **Approved** |[ ]  **Disapproved** |[ ]
| **Signature:** Click or tap here to enter signature. | **Date:** Click or tap here to enter date. |
| **Approved by Department CC (If applicable)** | **Approved** |[ ]  **Disapproved** |[ ]
| **Signature:** Click or tap here to enter signature. | **Date:** Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by College CC (If applicable)** | **Approved** |[ ]  **Disapproved** |[ ]
| **Signature:** Click or tap here to enter signature. | **Date:** Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by Academic Dean** | **Approved** |[ ]  **Disapproved** |[ ]
| **Signature:** Click or tap here to enter signature. | **Date:** Click or tap here to enter date. |
| **Approved by Academic Dean 2 (Interdisciplinary)** | **Approved** |[ ]  **Disapproved** |[ ]
| **Signature:** Click or tap here to enter signature. | **Date:** Click or tap here to enter date. |
| **Approved by Academic Dean 3 (Interdisciplinary)** | **Approved** |
| **Signature:** Click or tap here to enter signature. | **Date:** Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by Director of APPD** | **Approved** |[ ]  **Disapproved** |[ ]
| **Signature:** Click or tap here to enter signature. | **Date:** Click or tap here to enter date. |
|  |  |  |  |  |

**CC = Curriculum Committee
APPD = Academic Planning and Program Development**

**APPD Use Only**

**Added to Catalog** [ ]

Date: Click or tap here to enter date.

**Added to Banner** [ ]

Date: Click or tap here to enter date.

**Added to Degree Works** [ ]

Date: Click or tap here to enter date.

**Notified Advising** [ ]

Date: Click or tap here to enter text.

**Added to Apply Texas** [ ]

Date: Click or tap here to enter text.

**Directional Prompts:**

**ADMINISTRATIVE INFORMATION**

 **Program Name:**Show how the program would appear on the Coordinating Board’s program inventory (e.g., Bachelor of Arts Major in English: Technical Writing Concentration, Master of Arts in English: Creative Writing Track).

**Proposed CIP:**
Enter the proposed CIP Code/Title for Texas. A list of CIP Codes can be accessed at [Texas CIP Codes](http://www.txhighereddata.org/Interactive/CIP/).

**Administrative Unit**:
Identify where the program would fit within the organizational structure of the university (e.g., The Department of English within the College of Humanities and Social Sciences).

**Proposed Implementation Date:**
Provide the date that students would enter the program (Term / Year).

**Contact Person(s):**
Provide contact information for the person(s) responsible for addressing any questions about the proposal.

**Administrative Notes:**Add Administrative note, if applicable.

**CURRICULUM**

**Overview:**
Provide a qualitative description of the course sequencing for the proposed concentration in relation to the existing program/concentrations. Please be as detailed as possible in this section. In addition, complete the Proposed Concentration Degree Plan table.