|  |
| --- |
| **Directions:** The **4+1/3+2 (Existing Program) Change Request Form** is to be used to propose a 4+1/3+2-degree plan (baccalaureate + master’s level) using two existing degree programs. This form will be used to provide necessary administrative information and justification for the proposed program expansion. **Note:**  For analytical support regarding justification, [contact Program A](https://shsu.co1.qualtrics.com/jfe/form/SV_6x0A7oHgB4EmH2Z)nalytics. **Assistance:** Contact the Office of Academic Planning and Program Development at (936) 294-2291.*\*Hover over headers for additional information**\*\* Select left arrow to expand collapsed information* |

 **SAM HOUSTON STATE UNIVERSITY
4+1/3+2 (EXISTING PROGRAMS) CHANGE REQUEST FORM**

**University Curriculum Committee**: Diversity and Inclusion Statement (Pending Review)

|  |
| --- |
| **Administrative Information (Existing Programs)**Include administrative information for **both the baccalaureate and master-level** programs.  |
|  | **Baccalaureate Program Information** | **Master Program Information** |
| **1. Existing Program Name:**  |  |  |
| **2. \***[**CIP Code (Number/Title):**](http://www.txhighereddata.org/Interactive/CIP/) |  |  |
| **3.** [**Number of Required Semester Credit Hours (SCH):**](#_3.__Number)  |  |  |
| **4. \***[**Administrative Unit**:](#_4.__Administrative) |  |  |
| **5. \*****[Location and Delivery Mode:](#_5.__Location" \o "Provide the location of instruction and how the program is delivered to students. (e.g., Instructed on the main campus, face-to-face).Online delivery mode requires the identification of the following categories: 1) Face-to-Face; 2) Hybrid, 3) 100% online.)** | Choose an item. | Choose an item. |
| **6. \***[**Contact Person:**](#_7.__Contact) [ ]  Contact person is the same for both programs | Name:Title:E-mail:Phone: | Name:Title:E-mail:Phone: |

|  |
| --- |
| **Administrative Information (Proposed 4+1/3+2 Program)** |
| **1. Proposed** [**Program Name:**](#_1.__Program) |
| **2. \***[**Number of Required Semester Credit Hours (SCH):**](#_3.__Number)   |
| **3. \***[**Administrative Unit for Proposed Program:**](#_4.__Administrative) |
| **4.\*** [**Location and Delivery Mode**](#_5.__Location)**:** Choose an item. |
| **6. \***[**ProposedImplementation Date:**](#_6.__Proposed) |
| **6. \***[**Contact Person:**](#_7.__Contact) **Name:** **Title:** **E-mail:** **Phone:**  |

*\*\* Select left arrow to expand collapsed information*

1. **Program Description:**
	1. **\***[**Purpose:**](#purpose)
		1. [**Program Learning Objectives**](file:///%5C%5Cwinfscommon%5Ccommon%5CAcad%20Plan%20Assmt%5CAPPD%20ProgDev_Curr%20Forms%5CBlooms%20Verbs.pdf)**: Upon completion of the program, students will be able to**
			1. **Learning Objective**
			2. **Learning Objective**
			3. **Learning Objective**
			4. **Learning Objective**
			5. **Learning Objective**
	2. **\***[**Transition Plan:**](#transition)
	3. **\***[**General Admission Criteria:**](#admission)
	4. **Please select the appropriate field below:**

[ ]  Proposed 4+1/3+2 program **meets** minimum SCH requirements (150 or more unduplicated SCHs, with at least 30 graduate SCHs).

[ ]  Proposed 4+1/3+2 program **does not** meet minimum SCH requirements (150 or more unduplicated SCHs, with at least 30 graduate SCHs).

1. **Justification:**
	1. \*[Justification for proposed 4+1/3+2 program](#_1._Proposed_Program):
2. **Curriculum:**
	1. **\***[**Description of course sequencing:**](#course)

**Curriculum Information: Course List**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Prefix and Number** | **Course Title** | **SCH** |
| **Degree Specific Requirement** |   |   |   |
| **Major: Foundation**  |  |  |  |
| **Major: Prescribed Electives** |  |  |  |
| **Electives: General**  |   |   |   |
| **4+1 or 3+2 Master of Science/Art in TITLE** |  |  |  |
| **Thesis** |   |   |   |
| **OR** |   |   |   |
| **Project + Internship** |   |   |   |
|  |  |  |  |
| **TOTAL** |   |   |   |

**Curriculum Information: Plan of Study**

|  |
| --- |
| **Year 1**  |
| **Fall**  | **Hours**  | **Spring**  | **Hours**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Year 2**  |
| **Fall**  | **Hours**  | **Spring**  | **Hours**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Year 3**  |
| **Fall**  | **Hours**  | **Spring**  | **Hours**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Year 4**  |
| **Fall**  | **Hours**  | **Spring**  | **Hours**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Year 5** |
| **Fall**  | **Hours**  | **Spring**  | **Hours**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Year 6 (If applicable)** |
| **Fall**  | **Hours**  | **Spring**  | **Hours**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  **Total SCH** | **150** |

**Undergraduate/Graduate Course Crosswalk**: Identify the undergraduate and graduate level course mapping (i.e., courses in the undergraduate degree plan that are satisfied by graduate courses in the 4+1/3+2.

|  |  |  |  |
| --- | --- | --- | --- |
| Undergraduate Course (Prefix, Number Title) | SCH | Graduate Course (Prefix, Number, Title) | SCH |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Required Appendices:**
2. **Copy of current** [Undergraduate Degree](http://catalog.shsu.edu/undergraduate/) **Plan**
3. **Copy of current** [Graduate Degree](http://catalog.shsu.edu/graduate-and-professional/) **Plan**
4. **Marketable Skills:**

Identify 3-5 marketable skills students will attain through the proposed program.

* Marketable Skill.
* Marketable Skill.
* Marketable Skill.
* Marketable Skill.
* Marketable Skill.

1. **Approval Recommendation Signatures:**

|  |
| --- |
| **Approval Recommendation Signatures:** |
| **Approved by Faculty/Requestor** | 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 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 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**

**Added to Catalog** [ ]

Date: Click or tap here to enter date.

**Added to Banner, if applicable** [ ]

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, if applicable** [ ]

Date: Click or tap here to enter date.