**SAM HOUSTON STATE UNIVERSITY
CERTIFICATION CHANGE REQUEST FORM**

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| **Directions:** The **Certification Change Request Form** is to be used to request a) the addition of a new Certificate; b) the deletion of an existing Certification; c) a Certification title change; d) a Certification semester credit hour change; and/or e) a Certification relocation. **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 Level 1&2 Headers for additional information**\*\* Select left arrow to expand collapsed information* |

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

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| **Program Information** |
| **1. \***[**Certification Title:**](#_1._Program_Name:) |
| **2. Department:** |
| **3. College:** |
| **4. \***[**Proposed Implementation Date:**](#_6.__Proposed) |
| **5. \***[**Contact Person**](#_7.__Contact)**:**Name:Title:E-mail:Phone: |

 *Select left arrow to expand collapsed information*

1. **Requested Certification Change:**

*Please select the appropriate selection and complete the proceeding information based on your selection. For analytical support regarding justification,* [*contact Program A*](https://shsu.co1.qualtrics.com/jfe/form/SV_6x0A7oHgB4EmH2Z)*nalytics.*

[ ]  **Certification Addition**

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

[ ]  **Certification Deletion**

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

[ ]  **Certification Title Change**

**New Title**: Click or tap here to enter text.

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

[ ]  **Certification Relocation**

**New Department**: Click or tap here to enter text.

**New College:** Click or tap here to enter text.

**Identify Course(s) for Deletion (if applicable)**: Click or tap here to enter text.

**Identify Course(s) for Addition (if applicable)**: Click or tap here to enter text.

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

[ ]  **Certification Semester Credit Hour (Increase/Decrease)**

**New Total Semester Credit Hours**: Click or tap here to enter text.

**Identify Course(s) for Deletion (Decrease)**: Click or tap here to enter text.

**Identify Course(s) for Addition (Increase)**: Click or tap here to enter text.

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

 **II.**  **Approval Recommendation Signatures:**

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| **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 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. |
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 **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.

**III. Directional Prompts:**

**Program Name:**Show how the program would appear on the Coordinating Board’s program inventory (e.g., Certification in Language Studies).

**Proposed Implementation Date:**
Provide the date that students would enter the program (MM/DD/YY):

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