**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](mailto:programdev@shsu.edu) 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: