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| mason_logo | **Program Approval Form** | For approval of new programs and deletions or modifications to an existing program.  |

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| **Action Requested:** | **Type** (Check one)**:** |
|  | Create New (SCHEV approval required except for minors) |  | B.A. |  | B.S. |  | Minor |
|  | Inactivate Existing |  | Master’s |  |  |  |  |
|  | Modify Existing (check **ALL** that apply) |  | Ph.D. |
|  |  | Title (SCHEV approval required except for minors) |  | Undergraduate Certificate\* |
|  |  | **Concentration** (Choose one): |  | *Add* |  | *Delete* |  | *Modify* |  | Graduate Certificate\* |
|  |  | Degree Requirements |  |  |  | Bachelor’s/Accelerated Master’s  |  | Other: |
|  |  | Admission Standards/ Application Requirements |  |  |
|  |  | Other Changes: |  |  |  |  |

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| **College/School:** |  | **Department:** |  |
| **Submitted by:** |  | **Ext:** |  | **Email:** |  |

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| **Effective Term:** | Fall | 20 | **Please note:** For students to be admitted to a new degree, minor, certificate or concentration, the program must be fully approved, entered into Banner, and published in the University Catalog. |

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| **Justification:** (attach separate document if necessary) |
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|  | **Existing** | **New/Modified** |
| **Program Title:** (Required)Title must identify subject matter. Do not include name of college/school/dept. |  |  |
| **Concentration(s):** |  |  |
| **Admissions Standards / Application Requirements:** (Required only if different from those listed in the University Catalog) |  |  |
| **Degree Requirements:** Consult University Catalog for models, attach separate document if necessary using track changes for modifications |  |  |
| **Courses offered via distance:**(if applicable) |  |  |
| **TOTAL CREDITS REQUIRED:** |  |  |

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| **\*For Certificates Only:** Indicate whether students are able to pursue on a  |  | **Full-time basis** |  | **Part-time basis** |

**Approval Signatures**

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| Department | Date |  | College/School | Date |  |  |  |
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**If this program may impact another unit or is in collaboration with another unit at Mason**, the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

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| **Unit Name** | **Unit Approval Name** | **Unit Approver’s Signature** | **Date** |
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| **For Undergraduate Programs only** |
|  |  |  |  |  |
| Undergraduate Council Member |  | Provost Office  |  | Undergraduate Council Approval Date |

**For Graduate Programs Only**

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|  |  |  |  |  |
| Graduate Council Member |  | Provost Office  |  | Graduate Council Approval Date |

***For Registrar Office’s Use Only:***Received\_\_\_\_\_\_\_\_\_\_\_\_\_Banner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Catalog\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *revised 9/2/2016*