*Updated 12\_2015*

**CHANGE REQUEST FORM**

**CURRICULUM MODIFICATION**

Use this form to request approval to **make changes to majors** (sometimes referred to as degree programs, specializations, or concentrations) **that have previously been approved**. For the purposes of this document, a “major” is defined as an integrated program of study of more than 30 semester (or 45 quarter) hours. A change request is required when the institution intends to modify **fifty percent or more** of the requirements of the major (excluding internships, clinical practicum, field experiences, and student teaching).

CCGS institutions submitting requests for graduate programs should submit the request to Matt Exline (mexline@highered.ohio.gov) and copy Megan Johnson ([mjohnson@highered.ohio.gov](file:///C%3A%5CUsers%5Csmith6ce%5CAppData%5CLocal%5CPackages%5CMicrosoft.MicrosoftEdge_8wekyb3d8bbwe%5CTempState%5CDownloads%5Cmjohnson%40highered.ohio.gov)). Documents may be submitted as Microsoft Office documents (e.g., Word or Excel) or as PDF documents.

Please submit your request **at least 60 days before the proposed change is to be implemented**.

**Date of submission:**

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**Name of institution:**

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**Primary institutional contact for this request:**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone number |  |
| E-mail |  |

**Proposed implementation date:**

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**Date that the request received final approval from the appropriate institutional committee:**

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**Educator Preparation Programs:**

*Indicate whether the program being modified leads to educator preparation licenses or endorsements.*

Licensure *Yes/No*

Endorsement *Yes/No*

**Rationale:**

*Briefly describe the rationale for the curricular change.*

1. *Submit a comparison of the currently authorized curriculum and proposed curriculum.* ***Submit course descriptions and syllabi for all new courses*** *as appendix items.*

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| ***Previously Authorized Curriculum*** | ***Credit Hours*** | ***Proposed Curriculum*** | ***Credit Hours*** |
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1. *Describe changes to the following because of the request (if applicable):*
* *Total number of credit hours for program completion*
* *Time to complete program*
1. *Describe how the change will affect students currently in the program.*
2. *Describe any faculty changes because of the request.*
3. *Describe any administrative or support services changes because of the request.*
4. *Describe how the effectiveness of the new curriculum will be monitored over time.*
5. *Provide evidence that the appropriate accreditation agencies have been notified of the proposed change (if applicable).*

(*Insert name of the institution*) verifies that the information in this request is truthful and accurate.

Respectfully,

*Signature of the institution’s Chief Presiding or Chief Academic Officer*

*(Insert name and title of the chief presiding or chief academic officer)*