1. Certificate Title:
2. Contact person:

College:

Department/School:

Telephone: 239-

1. Briefly describe the proposed Certificate. How does it relate to existing programs and mission/goals of sponsoring unit?

1. Effective date: Fall 20

Changes are effective in the fall of the year. Exceptions are approved only in unusual circumstances with adequate justification.

1. Briefly explain the rationale for the proposed Certificate.

Link the proposed Certificate to assessment and institutional effectiveness activities (feedback from students, market demands, program evaluation, resource allocation, etc.). Identify anticipated enrollment in first and fifth year if a new certificate.

1. Describe additional library resources needed to support this proposed Certificate? Explain rationale for response, even if answer is None.

1. Describe additional faculty resources needed to support this proposed Certificate? Explain rationale for response, even if answer is None. Will additional sections of existing courses be added? If new courses are added, how will existing resources be adjusted to cover these courses?

1. Describe additional technology, facility, laboratory, or other resources needed to support this proposed Certificate? Explain rationale for response, even if answer is None.

1. What impact does the proposed Certificate have on other colleges, units, or programs?

1. New courses:

[ ]  No new courses are required.

[ ]  New courses are needed. List prefix/number/title below. Complete a Course Add Form for each course in the Curriculum Management System (CMS) <https://midas.fgcu.edu/acadaff/scns/>.

1. Change to existing courses:

[ ]  No existing courses are being changed.

[ ]  Existing courses are being changed. List prefix/number/title below. Complete a Course Change Form for each in the CMS - <https://midas.fgcu.edu/acadaff/scns/>.

1. Termination of existing courses:

[ ]  No existing courses are being deleted from the FGCU course inventory.

[ ]  Courses are being terminated. List prefix/number/title below. Complete a Course Terminate Form for each course in the CMS - <https://midas.fgcu.edu/acadaff/scns/>

**NOTES:**

* Use this form to submit a proposal for a new or revised graduate certificate Submit the following to Lucero Carvajal, ACS, no later than May 31 for possible implementation the following year: (a) this form--hard copy; (b) color, tracked revisions to catalog copy—hard copy; and (c) word version of the tracked catalog copy via email. <http://www.fgcu.edu/catalog/>
* Course adds, changes, and deletes are submitted via CMS <https://midas.fgcu.edu/cms/>
* Reminder: The prefix/number for a new course is handled one way in the catalog copy and another in CMS. In the catalog copy, identify a new course with the suggested title, suggested prefix and course level, plus XXX with the suggested number in parenthesis, e.g. ACG 6XXX (6123). When final approval for the course prefix/number is received from Statewide Course Numbering System, the catalog copy will be updated. In CMS, a new course is requested by entering the suggested title and suggested prefix/number with no XXX. See instructions in CMS for selecting an appropriate suggested prefix/number.

**APPROVALS** (required prior to submission)

Department Chair/Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does another department or unit provide related expertise or offer similar courses? [ ]  No [ ]  Yes (If yes, have the other department complete the following. Attach a separate sheet if needed.)

 Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Supports this proposal [ ]  Does not support this proposal [ ]  Defers Recommendation

Authorizing signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: