This form is submitted to the GCT via the Office of Academic and Curriculum Support (ACS). Do not include admissions changes or other policy changes on this form. Those items are submitted to the Graduate Affairs Team via the Office of Graduate Studies.

1. Degree/Major Title (for Graduate programs only):

1. Contact person:

College:

Department/School:

Telephone: 239-

1. Briefly describe the proposed revision(s).

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 revision.

Link the proposed revision to assessment and institutional effectiveness activities (feedback from students, market demands, program evaluation, resource allocation, etc.). Provide three years of data.

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

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

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

1. What impact will the proposed revision 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 from the Curriculum Management System - <https://midas.fgcu.edu/cms>

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 from the Curriculum Management System - [https://midas.fgcu.edu/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 from the Curriculum Management System - <https://midas.fgcu.edu/cms>

**NOTES:**

* Use this form to submit all non-policy changes that impact the “footprint” of the graduate program/major. 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 the 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: