***Instructions for Degree/Major Revisions:***

* Complete this form when the proposed changes will impact the words, numbers, or symbols as presented in the current catalog copy (often referred to as “changing the footprint of the catalog”). **Changes to Program Admission Requirements and Additional Graduation Requirements** should also be included in this proposal.
* Catalog copy is available at [http://www.fgcu.edu/catalog/](https://www2.fgcu.edu/catalog/). Scroll down to “Academic Programs” on the left navigation bar. Select Undergraduate Programs. Select the Program. Select “Print Program Details” in the upper right corner. Copy and paste catalog copy into a Word document. Turn on the tracking function (be sure that both additions and deletions appear in the tracking). Update the catalog year and make edits. Save the document as a Word file.
* When the proposed changes are approved by the College Curriculum Team, the College Administrator will send the following to Lucero Carvajal in Academic and Curriculum Support (ACS) no later than **May 31** for review by the University Undergraduate Curriculum Team (UUCT):
	+ An electronic MS Word version of the **tracked** catalog via email.
	+ A color hard copy of the Degree/Major Revision Proposal with appropriate signatures via campus mail.
	+ An electronic MS Word version of a degree curriculum map showing prerequisites and sequencing for all courses via email.
* If changes are for courses only and there is no impact to the catalog copy, this revision form is not necessary. When these **“stand-alone” courses** have been approved by the College Curriculum Team and noted in CMS, the CMS College Administrator should send a list to Lucero Carvajal in ACS. The same May 31 deadline applies.
* All changes to courses are completed via the Curriculum Management System (CMS) <https://midas.fgcu.edu/acadaff/scns/default.asp>
* 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 (e.g, ART 4XXX). 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.
1. *Degree/Major Title:*

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?*

Please search current online catalog to determine if other colleges, units, or programs use courses that are part of this proposal and need to be notified of any changes.

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/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 from the Curriculum Management System - <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/acadaff/scns/>.

1. *What impact will the proposed revision have on the progression or sequencing of courses in this degree program?*

Please provide evidence in the form of a degree curriculum map, a listing of all General Education, required and restricted elective courses in the major and their prerequisites or use another form appropriate for your program.

1. *What impact will the proposed revision have on the progression or sequencing of courses in this degree program for current students?*
2. *Catalog copy*:

See Instructions above.

1. *Additional remarks*:

**APPROVALS** *(required prior to submission)*

Department/Program 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: