EASTERN CONNECTICUT STATE UNIVERSITY
CURRICULUM COMMITTEE FORM

PROGRAM MODIFICATION NOT REQUIRING A BILL
(Addition, deletion or modification of not more than 15 credits)

Instructions:

1. In addition to this completed form, a Program Modification proposal requires:

   A. A clear rationale for why the change is needed:
   B. Current program description as it appears in the catalog
   C. Proposed program description as it would appear in the catalog
   D. The current program requirements as they appear in the catalog (with changes highlighted or bolded)
   E. The revised program requirements as they will appear in the catalog
   F. Official approval emails from the following, as appropriate: Chair of Department with Overlapping Course, Writing Program Director, LAPC Chair,

   Note: Appropriate New Course Proposals or Course Modifications should be submitted as separate proposals. Program Modifications cannot be approved without appropriate Course Proposals/Modifications.

1) Upon completion, save the form and all supporting documents as a **single PDF file** and send it to the Department Chair and the Academic Dean for their e-signatures. Please do not request e-signatures from the Curriculum Committee chair, however, you may cc: them.

2) Submit the PDF containing the signed form and all documentation to Julie McGowan (**mcgowanju@easternct.edu**) in the Biology Department for review by the Curriculum Committee.

   Note: Signed forms and supporting documents should be combined into **one PDF**. Please name the file according to the following guidelines:

   Program Abbreviation (in all caps) → Program Name → Date → Form Name *For Example*: **PSY_Child Psych_2022_ProgMod.pdf**

   Due to the large number of proposals and paperwork received by the committee, paperwork that is not complete, organized, formatted correctly, or labeled clearly will be returned to the departments for resubmission. **Any questions regarding paperwork prior to submission should be addressed to the Curriculum Committee Chair.**

Resubmitting Revised Forms

Proposals that are returned to the department for revisions or additions requested by the Curriculum Committee will be sent via email. When indicated by the committee, substantive revisions should be initialed by the dean and relevant committee chairs. When revisions/additions are completed, forms and documentation should be resubmitted to Julie McGowan as a single PDF.

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CURRICULUM COMMITTEE FORM

PROGRAM MODIFICATION NOT REQUIRING A BILL
(Addition, deletion or modification of not more than 15 credits)

Proposing Department: _____

Name of Program and/or Concentration, Track, Specialization to be modified: _____

Chair or Director Name: _____ **Chair or Director email:** _____ **@easternct.edu**

Effective: SEMESTER _____ **YEAR** _____ ***(Must be approved at least 1 semester prior to effective date)***

Actions proposed (check all changes included in this proposal):

- ☐ Substitution of one or more required courses
- ☐ Adding a new/existing course as a major elective (not increasing the number of credits required for the major)
- ☐ Change in course numbering
- ☐ Change in course sequencing
- ☐ Change in number of program credits (NOTE: only one such modification is allowed per academic year unless special circumstances apply)
- ☐ Changes in program writing requirements
- ☐ Addition, deletion, or modification of an undergraduate track, specialization, concentration or certificate of not more than 15 credits
- ☐ Addition, deletion or modification of a graduate option or certificate program of no more than 12 credit hours
- ☐ Other changes not requiring a Senate Bill—Please describe:

Proposing Department: _____

Name of Program and/or Concentration, Track, Specialization to be modified: _____

SIGNATURES:

Department Chair:

Name: _____ Signature: _____ Date: _____

Academic Dean:

Name: _____ Signature: _____ Date: _____

Writing Program Director (if applicable):

Name: _____ Approval from Writing Program Director should be sent via email with the proposal/s attached

Curriculum Committee Chair: Do not request e-signature from Chair. Signature to follow Curriculum Committee review

Name: _____ Signature: _____ Date: _____

Senate President:

Name: _____ Signature: _____ Date: _____