



Curriculum Approval Form

This form should serve as the cover and routing page for all curriculum approvals. In addition to this cover page, the Department Chair or initiator should attach all required forms and appendices.

Program/Discipline	
College	Department

Action ☐ Course related ☐ Program related ☐ SACS ☐ USG

Department Chair

Name	Signature	Date
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College Review Committee Chair

Name	Signature	Date
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Name	Signature	Date
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Graduate or Undergraduate Programs Review Committee

Name	Signature	Date
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Faculty Senate Representative

Name	Signature	Date
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Curriculum and New Programs Committee or Provost/Vice President for Academic Affairs

Name	Signature	Date
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Date copy sent to Registrar for program changes	Date
Date copy sent from Registrar to Department/College after changes made	Date

CURRICULUM & NEW PROGRAMS COMMITTEE
PROGRAM PROPOSAL REVIEW FORM

(Use for Submissions to University Curriculum & New Programs Committee)

PROGRAM: _____ LEVEL: _____

COLLEGE: _____ DEPARTMENT: _____

DEAN: _____ CHAIR: _____

DATE OF SUBMISSION: _____ PROPOSED IMPLEMENTATION DATE _____

- A) New Program/New Major _____
- B) Program Revision _____
- C) Program Elimination/Deactivation _____
- D) Response to Strategic Plan (Goal #) _____
- E) Other _____ (explain)

RATIONALE FOR PROPOSAL AND DOCUMENTATION OF NEED:

(Needs assessment studies, market studies, national/local trends, expert recommendations)

Indicate how proposal supports Albany State University's mission and purpose.

EXPLANATION: (state the specific Strategic Plan Goal to which this proposal is responding.)

DESCRIPTION OF PROPOSED PROGRAM REVISION:

(Course and catalog descriptions, purpose, objectives, career role targeted, listing of required courses and electives for majors etc.)

PREDICTING THE COST OF THE PROPOSAL

RESOURCES REQUIRED						
Resources Needed	Yes		No			
	Year 1		Year 2		Year 3	
	Number	Cost	Number	Cost	Number	Cost
A. Faculty Needs						
1. New						
2. Part-Time						
3. Adjunct or Overload						
B. Instructional Materials						
Specify						
C. Technology & Equipment						
D. Space						
1. Adequate	Yes ____ No ____					
2. Needs Renovation (describe below)	Yes ____ No ____					
3. Need New Space (describe below)	Yes ____ No ____					
E. Projected Enrollment						
1. Number of graduate students (Tuition & Fees)						
2. Number of undergraduate students (Tuition & Fees)						
TOTAL						

D. Space (describe, if needed)**OUTLINE PLANS FOR SECURING THESE RESOURCES**

(Include a listing of specific New Journal Titles – print and non-print should be included in the resources needed. The source of payment for these items should also be designated.)

PROGRAM IMPACT: Explain the long- and short-term impact of the proposed program on:

- a Other programs at Albany State University
- b Student enrollment
- c Other

Are there similar programs/courses in Albany State University? University System of Georgia? How is the proposed program unique?

What impact will accreditation standards have on the program? Identify the accrediting agency?

PROGRAM IMPLEMENTATION: Outline the plan for program implementation indicating milestones, key actors and timeframes.

PROGRAM EVALUATION: How will the proposed program be evaluated? What decisions will be made on the basis of evaluation