

**CHANGE OF GRADUATE CURRICULUM FORM**  
**NEW PROGRAMS/NEW DEGREE/NEW PROGRAM DELIVERY\***

<b>I. GENERAL INFORMATION</b>		DATE:	
INITIATOR:		TITLE/RANK:	
DEPARTMENT/PROGRAM:		COLLEGE/SCHOOL/DIVISION:	
<b>II. TYPE OF CHANGE (Check Appropriate Boxes)</b>			
<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Change of Title	<input type="checkbox"/> Change of Credit
<input type="checkbox"/> Major Program	<input type="checkbox"/> Minor Program	<input type="checkbox"/> Course of Instruction	<input type="checkbox"/> Other
<b>III. RATIONALE FOR CHANGE(S) (Please Attach Sheet)</b> <i>In the case of new programs, it must be demonstrated that the new program supports the institutional mission.</i>			
<b>IV. FIRST LEVEL OF REVIEW (Collegiate)</b>			
TO: <b>Academic Dean</b>		FROM: _____ College Academic Dean (please print or type)	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Remarks:			
Date:		Dean's Signature:	
<b>V. SECOND LEVEL OF REVIEW (Graduate Council)</b>			
TO: <b>Graduate Curriculum Committee</b>		FROM: _____ Dean of Graduate School (please print or type)	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Remarks:			
Date:		Graduate Dean's Signature:	
<b>VI. THIRD LEVEL OF REVIEW (Provost and Vice President for Academic Affairs)</b>			
To: <b>Provost and Vice President for Academic Affairs</b>		From: _____ Graduate Curriculum Committee	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Remarks:			
Date:		Provost's Signature:	
<b>VII. PRESIDENT OF THE UNIVERSITY</b>			
To: President	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Remarks:			
Date:		President's Signature	

<b>NEW PROGRAMS/NEW DEGREES/NEW PROGRAM DELIVERY*</b>	
<b>VIII. BOARD OF TRUSTEES</b>	
To: <b>Board of Trustees</b>	From: President
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Date:	Signature:
<b>IX. ALABAMA COMMISSION ON HIGHER EDUCATION</b>	
To: Alabama Commission on Higher Education	From: President
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Date:	Signature:
<b>X. COMMISSION ON COLLEGES</b>	
To: Commission on Colleges	From: President
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Date:	Signature:
<b>XI. FINAL APPROVAL</b>	
To: <b>Provost</b>	From: President
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Date:	Signature:

**\*NOTE:**

New degree programs require certification of approval by all governing boards and external accreditation agencies **prior to** authorization to initiate degree program planning implementation activities. Following certification of all requisite levels of approval, authority to initiate degree program activities will be transmitted to 1) dean of the academic college and 2) dean of the Graduate School by the Provost and Vice President for Academic Affairs.

**Costs and Financial Support of the Proposed Program**

Provide a realistic estimate of the costs of the program. This should only include the **additional costs** that will be incurred, not current costs. All sources and amounts of funds for program support should be indicated.

**Estimated New Funds Required to Support the Program**

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Faculty**						
Library						
Facilities						
Equipment						
Staff						
Other						
Total						

**Sources and Amounts of Funds Available for Program Support**

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Internal Reallocation						
Extramural						
Tuition						
Total						

\*All Must Have Approval Prior To Implementation

\*\*Additional faculty salaries should be shown in all five year