University of Nebraska at Kearney

**Request to Create, Alter, or Discontinue**

**an Undergraduate Academic Program**

Nature of Request:

 **** Create

 **** Alter

 **** Discontinue **** Inactivate

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COLLEGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEGREE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State why this Program is to be created, altered, or discontinued; when appropriate include student assessment data and/or accreditation requirements to justify alteration of the program or describe how student assessment outcomes will be impacted by program alteration:

Information to be attached:

 Please attach **complete** program requirements if this program is being created or altered.

 **Strikethrough** courses to be removed from the program.

 **Bold** courses to be added.

 See example:

 Degree Program

 General Studies 45 hours

 Major Courses XX Hours

 ABCD 123 Retained Course Title 3

 ABCD 124 Retained Course Title 3

  ~~ABCD 134 Deleted Course Title 3~~

  **ABCD 145 Added Course Title 3**

 **NOTE:** The program assessment plan for new programs (or altered if changes are needed)

 must be submitted to the Assessment Office six months after program approval.

If this program 1) contains courses from other departments or programs and/or 2) covers content similar to that of other programs, a statement of their awareness must be obtained from the respective Department Chair or Program Director.

Department/Program Signature of Chair/Director Date

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Department/Program Signature of Chair/Director Date

**Approvals:**

 Department Chair Date \_\_\_\_\_\_\_\_

 College Academic Affairs/Ed Policy/APSC Committee Date \_\_\_\_\_\_\_\_

 College Dean Date \_\_\_\_\_\_\_\_

 Dean, College of Education Date \_\_\_\_\_\_\_\_

 (if Teacher Education Program)

 UNK Academic Affairs Committee Date \_\_\_\_\_\_\_\_

 Senior Vice Chancellor for Academic Date \_\_\_\_\_\_\_\_

 and Student Affairs