**Mississippi Valley State University**

**PROGRAM MODIFICATION REQUEST FORM**

**Date:**

**Requestor:**

**Department:**

**Effective Date:**

|  |  |
| --- | --- |
| **Modify Existing Program(s): [Rename, Consolidate, Suspend, Change Program Length, Add/Remove Concentrations/Minors/Emphases, or other changes]** | |
| Program Name(s) |  |
| Degree(s) |  |
| Describe the proposed changes to the current program(s). |  |

Attach rationale for the change, current curriculum pattern, proposed curriculum pattern, syllabi, and other supporting documentation.

Initiator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Initiator’s Role: □ Department Chair-with faculty approval, □ General Education Committee Chair, □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| This □**IS** □ **IS NOT** a SACS-COC Substantive Change. Substantive Changes will require SACS-COC notification and/or approval.  SACS Accreditation Liaison\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

□ APPROVED □DISAPPROVED

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Curriculum Committee Chair Date

*Rationale if Disapproved:*

□ APPROVED □DISAPPROVED

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Vice President for Academic Affairs Date

*Rationale if Disapproved:*

APPROVED □DISAPPROVED

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President Date

*Rationale if Disapproved:*