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|  | **Request for Change**  *In Catalog Entry* | **Date:** |
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| **Form Instructions:**  Complete and print on the front and back of **GREEN** paper; the form fields will expand to meet your needs. Forward completed form to the appropriate persons for their Approval/Denial in the order indicated below. Once Approval is received from the Graduate Council, submit electronically to [curriculum@selu.edu](mailto:curriculum@selu.edu); original to Chair, University Curriculum Council. | | |

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| Submitted by College of: | | | Department offering course: | | | |
| Request Summary (used to create UCC agenda—one or two sentences only): | | | | | | |
|  |  |  | |  |  | |
| Type of Change (Major, Minor, Concentration, Curriculum, Policy, Catalogue entry) Email from Provost **MUST** be attached if pre-approval is required: | | | | | | |
| Current Catalog Entry: | | | Proposed Catalog Entry: | | | |
| Page numbers affected in the printed catalog (include year): | | | | | | |
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| What program assessment results have prompted this catalog change? Reference specific departmental goals, outcomes (by year) and action plans that address this need. | | | | | | |
| What other reason(s) has prompted the need for this catalog change? | | | | | | |
| Council for Teacher Education approval needed? (Yes if any of the below are met):   * This change affects any education undergraduate degree, graduate degree or certification program and/or * This change affects components of electronic portfolios or any aspect of the assessment system and/or * This change affects competency-based clinical practice of any type reported by education majors | | | | | | Yes  No |
| Departments/colleges that could be affected by proposed change: | | | Have these departments/colleges been notified of the proposed change? Yes  No  Not Applicable | | | |

*\*\*ATTACH COPY OF PAGE IN CURRENT CATALOG THAT CONTAINS THE ENTRY TO BE CHANGED WITH CLEAR INDICATIONS AS TO HOW IT IS TO BE CHANGED\*\**

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| **Approval/Denial of Change in Catalog Entry** |

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| **1.** | Approved  Denied | Chair,  Dept/Program Curriculum Committee: | Date: |
| **2.** | Approved  Denied | Department Head: | Date: |
| **3.** | Approved  Denied | Chair,  College Curriculum Committee: | Date: |
| **4.** | Approved  Denied | College/School Dean: | Date: |
| **5.** | Approved  Denied | *(if applicable)*  Chair, Teacher Education Council: | Date: |
| **6.** | Approved  Denied | *(if applicable)*  Dean of Education: | Date: |
| **7.** | Approved  Denied | *(if applicable)*  Chair, Graduate Council: | Date: |
| **8.** | Approved  Denied | Chair,  University Curriculum Council: | Date: |
| **9.** | Approved  Denied | Provost: | Date: |
| **10.** | Record Complete | AVP for Academic Programs: | Date: |

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| **Reason for Denial:** |
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