



Academic Year \* 2025-2026

SGOCE #: \* 04

## **Graduate Program Change Proposal**

## **Form Procedure**

To share the form with others prior to Submitting choose the Save Progress option at the bottom.

Create a PDF of the saved form go to Print and choose <u>Save as PDF</u> copy rather than print.

Department/Committee Information						
-						
The main contact person for	r the Graduate Curriculum Committee s	should fill out this form.				
Requestor Name:	* Megan Krell					
Members of the Graduate Curriculum Committee:	Dalleeli Debluia					
Department / Unit Developi	ng: *Behavioral Sciences ~					
Department Chair:	Dr. Richard Wiebe	rwiebe@fitchburgstate.edu				
Academic Dean :	Dr. Sara Levine	slevine@fitchburgstate.edu				
Program Chair  The Program Chair for this request is among the people listed above.  *  Yes  No						
Program Information	tion					
_						
		ogram 🗌 Teacher Licensure Program 📝 Degree Program				
Does the program run on a	cohort model?	additional faculty be needed, day/adjunct? O Yes No				
Briefly describe program cha	ange to the existing program as it will a	appear in university catalog:				
Pause admission to the EdS	in Interdisciplinary Studies – Counselin	ng/Psychology program.				
Population/anticipated enrol	lment/staffing plan (i.e., Who/how man	ny will program serve?)				
This program currently has	0 enrolled students.					
Rationale and expected outc						
Professions changed their li		I of Registration of Allied Mental Health and Human Services addit master's degree for the LMHC. As such, this means that obtain their LMHC.				
How does this change affect	the departments Learning Outcomes for	or the program? List any changes that need to be made.				
	semester will new policy/policy change					
)	to the EdS program, effective immedia					
·	,	Please use template for program revision).				
		g courses, submit a Graduate Council New Course Approval form.				
Old Plan of Study Attached I New Plan of Study Attached						
•	ort from professional agencies					

## **Signatures**

Negan Krell	3737		*3534323539	)
Reagn Krell	10/23/2025		SaraLevine	10/29/2025
Requester Signature:	Date		Academic Dean Signature:	Date
313135	3333		*3037303334	1
ichard Niebe	10/29/2025		Becky Copper Hlenz SGOCE Dean Signature:	10/29/2025
Department Chair Approval:	Date		SGOCE Dean Signature:	Date
<b>aduate Council</b> e Graduate Council Chair Sign	nature indicates that the (	Council has	*	
cussed this proposal and has	decided it should move f	orward.		<u></u> -
			Graduate Council Chair Signature	e Date
			Notifications	
			*	
nroval of the Dresident		Data	SGOCE Dean Initials	Data
proval of the President		Date		Date
			*	
			Reviewed by the Registrar:	Date
			Reviewed by the Registral.	Date