

## 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 Save as PDF copy rather than print.  
 To access the saved form for editing or to finalize submission visit [forms.fitchburgstate.edu](https://forms.fitchburgstate.edu) to log in and view your Pending/Drafts under My Forms.

### Department/Committee Information

The main contact person for the Graduate Curriculum Committee should fill out this form.

Requestor Name: \*

Members of the Graduate Curriculum Committee:

Department / Unit Developing: \*

Department Chair: \*  \*

Academic Dean :

Program Chair  The Program Chair for this request is among the people listed above.  
 \*  Yes  
 No

### Program Information

This proposal refers to a (check all that apply):  Certificate Program  Teacher Licensure Program  Degree Program

Does the program run on a cohort model?  Yes  No

Will additional faculty be needed, day/adjunct?  Yes  No

Briefly describe program change to the existing program as it will appear in university catalog:

Population/anticipated enrollment/staffing plan (i.e., Who/how many will program serve?)

Rationale and expected outcomes for program change:

How does this change affect the departments Learning Outcomes for the program? List any changes that need to be made.

Implementation plan (what semester will new policy/policy change begin; will change be phased in)

An old and new plan of study must be included with this proposal (Please use template for program revision).

If new courses are proposed or major changes are made to existing courses, submit a Graduate Council New Course Approval form.  
 Old Plan of Study Attached here.  
 New Plan of Study Attached here  
 Attach any letter(s) of support from professional agencies or others within or outside the university.

### Signatures

...3532333837  Requester Signature: _____ ...3931343033	...3031343236  Academic Dean Signature: _____ ...3031343236
04/21/2024 Date	04/30/2024 Date

*Lyndsey Benharris*

04/30/2024

Department Chair Approval:

Date

SGOCE Dean Signature:

Date

**Graduate Council**

The Graduate Council Chair Signature indicates that the Council has discussed this proposal and has decided it should move forward.

Graduate Council Chair Signature

Date

**Notifications**

Approval of the President

Date

SGOCE Dean Initials

Date

Reviewed by the Registrar:

Date