

**DO NOT TYPE IN THIS BOX**

Bulletin #: \_\_\_\_\_

Academic Year: \_\_\_\_\_

## **CHANGES TO GRADUATE CERTIFICATE**

PLEASE SUBMIT THIS FORM WITH YOUR PROPOSAL

**Please fill out the coversheet in its entirety.**

**The proposal must include the following elements using the current graduate catalog:**

- I. List old Certificate prescribed courses, other requirements, credits and page number (left column)
- II. List new Certificate prescribed courses, other requirements and credits (right column)
- III. Include a brief rationale for the change

### **CHECK LIST - Check only those that apply.**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Do all courses exist in the current catalog?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If courses are not in the current catalog, are they proposed in the same Curriculum Committee Bulletin as this proposal?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If courses are not in the current catalog or proposed in this same bulletin, were they approved in a previous curriculum bulletin?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach a separate sheet indicating each course number, name, Bulletin number and Bulletin date.  |                          |                          |
| If the answers to 1, 2, and 3 are no, do not submit the proposal. Address the course issues first.   |                          |                          |
| 4. Do courses listed have the correct course prefixes, official titles, course numbers and number of credits?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do course descriptions match the existing catalog or proposed course descriptions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all courses to be added or changed taught in the same proposing department?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are courses to be deleted taught in the same proposing department?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If the answer to #6 or #7 is no, do you have the written approval/ acknowledgement of the other department(s)? (You must have written approval before submitting this document.) |                          |                          |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The written approval(s)/acknowledgment(s) must be attached.   |                          |                          |