

DO NOT TYPE IN THIS BOX

Bulletin #: _____

Academic Year: _____

CHANGES TO GRADUATE TRACK
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 Track prescribed courses, other requirements, credits and page number (left column)
- II. List new Track prescribed courses, other requirements and credits (right column)
- III. Include a brief rationale for the change in the track

CHECK LIST - Check only those that apply

- | | Yes | No |
|---|--------------------------|--------------------------|
| 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 departments? | <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.