Originated By_____ **Department**_____

Date_____ **School**_____

GRADUATE PROGRAM MODIFICATION PETITION

1. Attach a description of the program **as it currently exists**, including program title and specific requirements.
2. Attach a description of and rationale for the program modification.
3. Proposed Program Title, if modified_____

_____

4. Synopsis of Proposed Program Description, if modified _____

_____

5. Proposed Program Admission Requirements, if modified_____

_____

6. Implementation Date: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer III Year_

7. Graduate Program faculty signatures (majority required). Number of faculty in Program_____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Graduate Program Director

8. Date petition sent to Graduate _____ Approved____ Not Approved____
Program Curriculum Committee

_____ Date_____

Signature of Committee Chairperson

9. Date petition sent to Graduate Program Director _____ Approved____ Not Approved____

_____ Date_____

Signature of Graduate Program Director

10. Date petition sent to the Program's School _____ Approved____ Not Approved____

_____ Date_____

Signature of Dean

11. For programs involving graduate faculty or courses in more than one school, approval of dean of the second school. Name of second school_____

Date petition sent to the second school _____ Approved____ Not Approved____

_____ Date_____

Signature of Dean

12. Date petition sent to Graduate Studies_____ Approved____ Not Approved____

_____ Date_____

Signature of Director of Graduate Studies

13. Date of decision of Graduate Council:_____ Approved____ Not Approved____

14. Date petition sent to the Provost_____ Approved____ Not Approved____

_____ Date_____

Signature of Provost

15. Date notice of approval by Provost published in *University Notes* _____

16. Date Registrar notified of **final approval** _____