

## REQUEST FOR CHANGE IN DOCTORAL DEGREE PROGRAM

Program: \_\_\_\_\_

Department/Division: \_\_\_\_\_

College: \_\_\_\_\_ Bulletin pp \_\_\_\_\_

Degree Title (Old): \_\_\_\_\_ Degree Title (New) \_\_\_\_\_

CIP Code: \_\_\_\_\_

Accrediting Agency (if applicable): \_\_\_\_\_

**I. PROPOSED CHANGE(S) IN PROGRAM REQUIREMENTS**

	<u>Current</u>	<u>Proposed</u>
1. Number of transfer credits allowed	_____	_____
2. Residence requirement (minimum of one year before and after Qualifying Exams)	_____ _____ _____	_____ _____ _____
3. Language(s) and/or skill(s) required	_____ _____ _____	_____ _____ _____
4. Provisions for monitoring progress and Termination criteria	_____ _____ _____	_____ _____ _____
5. Total credit hours required (if applicable)	_____	_____
6. Required courses (if applicable)	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
7. Required distribution of courses within program (if applicable)	_____ _____ _____ _____	_____ _____ _____ _____
8. Minor area or courses outside program required (if applicable)	_____ _____ _____	_____ _____ _____
9. Distribution of courses levels required (400G-500/600-700)	_____ _____ _____	_____ _____ _____
10. Qualifying examination requirements	_____ _____	_____ _____

NOTE: To the extent that changes in 6 or 8 above involve additional courses to other programs, please include documentation from the program(s) pertaining to the availability of such courses.

11. Any other requirements not covered above

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**II. RATIONALE FOR CHANGE(S)**

If the rationale involves accreditation requirements, please include specific references to those requirements.

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**Signatures of Approval:**

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of the College

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Notice to the Faculty

\_\_\_\_\_  
\*Undergraduate Council

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*University Studies

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Graduate Council

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Council for the Medical Center

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senate Council

\_\_\_\_\_  
Date of Notice to University Senate

\*If applicable, as provided by the Rules of the University Senate

\_\_\_\_\_ ACTION OTHER THAN APPROVAL