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**CURRICULUM REVIEW REQUEST (CRR)**

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| **Proposed**  **by** | | | |  | | | | | | | | | | | | **Department/**  **Program** | | |  | | | | | | | |
| **College** | | | | Click here to enter text. | | | | | | | | | | | | **Date** | | |  | | | | | | | |
| **CURRICULUM CHANGE/STATEMENT OF ACTION REQUESTED** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addition of new course/ curriculum | | |  | | | Deletion of course/ curriculum | | | |  | Change in existing course | | |  | | Substantive Course Change (must include substantive change checklist) | | | |  | | Substantive Program Change (must include substantive change checklist) | | | |  |
| If adding a new course: | | | | # of credit hours | | |  | | | Lab fee amount, if applicable | | | | |  | | **If adding a new course, please attach the course description to this form.** | | | | | | | | | |
| Academic Year Effective | | | |  | | | Course(s) Affected I(title, prefix, number, etc.) | | | | | | | | | | | | | | | | | | | |
| **JUSTIFICATION OF ACTION REQUESTED**  Curriculum change has been evaluated in terms of: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College Goals |  | Institutional Goals | | | | | |  | External  Accrediting Agencies (must include substantive change checklist) | | |  | Library/equipment  support available | | | | |  | Personnel  Support | | | |  | Facility  Support |  | |
| **Rationale (include documentation):** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Action Required to implement change** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended**  **Action** | | | | | **Acknowledgement by** | | | | | | **Signature** | | | | | | | |  | | **Comments** | | | | | |
|  | | | | | All program/major faculty members  (insert rows as needed) | | | | | |  | | | | | | | | Date | |  | | | | | |
|  | | | | |  | | | | | |  | | | | | | | | Date | |  | | | | | |
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|  | | | | | Department  Chair | | | | | |  | | | | | | | | Date | |  | | | | | |
|  | | | | | College  Dean (of curriculum request) | | | | | |  | | | | | | | | Date | |  | | | | | |
| **Please secure the signatures of other college deans before submission to curriculum committee. If proposal affects education/certification, please secure Certification Officer’s signature as well.** | | | | | | | | | | | | | | | | | | | | | |
| SACSCOC Liaison | | | | | |  | | | | | | | |  | |  | | | | | |
| Other College Dean’s Signature | | | | | |  | | | | | | | | Date | |  | | | | | |
| Other College Dean’s signature | | | | | |  | | | | | | | | Date | |  | | | | | |
|  | | | | | Certification Officer (if appropriate) | | | | | |  | | | | | | | | Date | |  | | | | | |
|  | | | | | Chair, Undergraduate Curriculum Committee | | | | | |  | | | | | | | | Date | |  | | | | | |
|  | | | | | Chair, Graduate Curriculum Committee | | | | | |  | | | | | | | | **Date** | |  | | | | | |
|  | | | | | Provost/Vice President for Academic Affairs | | | | | |  | | | | | | | | Date | |  | | | | | |
| **Action**  **Taken:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |