|  |  |  |  |
| --- | --- | --- | --- |
|  | **Virginia State University Curriculum Form*** **Request for a COURSE MODIFICATION**
 | **Date of Submission:**  | Click or tap to enter a date. |
| *\*Course/curriculum revisions originate with a faculty member or curriculum committee in the Department.* |
| **College:** | Choose an item. | **Dept. Initiating Request:** | Click or tap here to enter text. |
| **Requestor’s Name:** | Click or tap here to enter text. | **Requestor’s Role:** | Click or tap here to enter text. |
|  |  |
| **CURRENT:** *(list only items to be changed)* | **REQUESTED:** *(list only items to be changed)* |
| **Course Prefix****and Number:** | Click or tap here to enter text. | **Course Prefix and Number:** | Click or tap here to enter text. |
| **Course Title:** | Click or tap here to enter text. | **Course Title:** | Click or tap here to enter text. |
| *Lecture Hours:* | Click or tap here to enter text. | *Lecture Hours:* | Click or tap here to enter text. |
| *Lab/Contact Hours:* | Click or tap here to enter text. | *Lab/Contact Hours:* | Click or tap here to enter text. |
| *Credit Hours:* | Click or tap here to enter text. | *Credit Hours:* | Click or tap here to enter text. |
| **Pre-requisites:** | Click or tap here to enter text. | **Pre-requisites:** | Click or tap here to enter text. |
| **Co-requisites:** | Click or tap here to enter text. | **Co-requisites:** | Click or tap here to enter text. |
| **Delivery Format:** | [ ]  Face-to-Face[ ]  Online[ ]  Hybrid | **Delivery Format:** | [ ]  Face-to-Face[ ]  Online[ ]  Hybrid |
| **CURRENT Course Catalog Description:** | **NEW Course Catalog Description:**  |
| Click or tap here to enter text. | Click or tap here to enter text. |
|  |
| **Program Level:** | **Course Classification:** | **Semester to be Effective:** | **Year to be Effective:** | **Frequency of Course Offering:** |
| [ ]  Undergraduate[ ]  Graduate | [ ]  Core Requirement[ ]  Major Requirement[ ]  Restricted Elective[ ]  Elective | [ ]  Fall[ ]  Spring[ ]  Summer | Click or tap here to enter text. | Click or tap here to enter text. |
| **Justification:** *(select one or more of the following and provide appropriate narrative below:)* |
| [ ]  Improving student learning outcomes[ ]  Adopting current best practice(s) in field | [ ]  Mandate of State/Federal/Accrediting Agency[ ]  Other Click or tap here to enter text. |
| Click or tap here to enter text. |

|  |
| --- |
|  |
| **Course Learning Outcomes: (Attach Course Syllabus)**Click or tap here to enter text. |
| **Plans for assessing program learning outcomes and course effectiveness.**Click or tap here to enter text. |
| **\*\* Attach General Course Syllabus/Support documents with course outcomes/assessments \*\*** |

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Please respond to each question by checking Yes or No.** |
| [ ]  | [ ]  | Is the scheduling of this course dependent upon a grant? |
| [ ]  |[ ]  Is this request for a permanent change in the curriculum? If not, specify the duration for the course.Click or tap here to enter text. |
| [ ]  | [ ]  | Will the proposed change alter the total number of credit hours required for graduation? If so, contact Office of Planning and Institutional Effectiveness for assistance with necessary submissions to external agencies, such as SCHEV, SACSCOC, etc.) |
| [ ]  | [ ]  | Will this course function as a prerequisite for any other course(s)? If so, list the other course[s].Click or tap here to enter text. |
| [ ]  | [ ]  | Do any other departments offer courses that might duplicate the proposed course? If so, list the titles and numbers of possible duplications. If so, list the titles and numbers of possible duplications.Click or tap here to enter text. |
| [ ]  | [ ]  | Will the proposed change involve or directly affect any other department? If so, complete attachment and provide evidence of communication with affected departments. |
| [ ]  | [ ]  | Will the proposed change involve or directly affect General Education Requirements? If so, complete attachment and contact Office of Planning and Institutional Effectiveness for assistance in communicating the changes to affected undergraduate programs. |
| [ ]  | [ ]  | Will the proposed change involve any courses that are part of an online program? |
| [ ]  | [ ]  | Will the proposed change involve an online program that includes courses administered by another academic department? If so, complete and attach the online course form containing the chairs’ signatures of contributing departments. |

|  |  |
| --- | --- |
|  | **Virginia State University – Curriculum Approvals Form** * **Request for a COURSE MODIFICATION**
 |
| **Approvals:** | **Recommended** | **Not Recommended** | **Print / Signature:** | **Date:** |
| Chair, Department Curriculum Committee | [ ]  | [ ]  |  |  |
|  |
| Chair, Department | [ ]  | [ ]  |  |  |
|  |
| Chair, College Curriculum Committee | [ ]  | [ ]  |  |  |
|  |
| Dean | [ ]  | [ ]  |  |  |
|  |
| Chair, Undergraduate Curriculum Committee | [ ]  | [ ]  |  |  |
|  |
| Chair, Graduate Curriculum Committee | [ ]  | [ ]  |  |  |
|  |
| Chair, Curriculum Affairs and Issues Committee | [ ]  | [ ]  |  |  |
|  |
| Chair, Faculty Senate | [ ]  | [ ]  |  |  |
|  |
| Provost, VP of Academic Affairs | [ ]  | [ ]  |  |  |
|  |
| Registrar |  |  |  |  |
|  |  |
|  |
| **\*Will this change impact another college/department?** | [ ]  No [ ]  Yes *[select college & indicate department(s)]* |
| **College:** | Choose an item. | **Department(s):** | Click or tap here to enter text. |

Please email the completed form signed by the Chair of the Department Curriculum Committee, Chair of the College Curriculum Committee, and Dean of the College to the appropriate curriculum committee.

Undergraduate Curriculum Committee: ucc@vsu.edu

Graduate Curriculum Committee: gcc@vsu.edu

**Complete this section if the proposed course affects other departments.**

1. What is the relationship of the affected department to the change in question? Explain.

Click or tap here to enter text.

1. How critical is this change to the students affected? What impact would this change have on the development and progress of students in the department proposing the change?

Click or tap here to enter text.

1. What effect would the change have on students outside of the department?

Click or tap here to enter text.

1. Has there been a meeting between the department proposing the change and the department(s) affected by the change to discuss and resolve issues related to the change? [ ]  Yes [ ]  No

Click or tap here to enter text.

1. What decision(s) resulted from the meeting? Explain.

Click or tap here to enter text.

1. Were all issues related to the proposed change resolved? If not, what are the outstanding issues that need to be addressed.

Click or tap here to enter text.

1. If there has been no final resolution concerning the proposed change, would the involved department(s) be willing to send the issue to the Provost’s Office for arbitration? [ ]  Yes [ ]  No (if no, please explain)

Click or tap here to enter text.