

For OAA use only

Tracking #:

Print catalog change

HSU Program Change

Applies to all changes which affect an academic program, including certificates, concentrations, credentials, emphases, majors, minors, options, and tracks.

This replaces a previously submitted form

Include tracking # _____

Program name

Concentration or emphasis name

Select type of program

Change effective Fall of the catalog year

Select type of change

Explanation (attach extra pages, if necessary)

What data, reasons and/or assessments have led to proposing this change?

How do the proposed changes develop students' abilities in relationship to specific program and/or HSU student learning outcomes?

Is this change in response to plans in your PREP MOU? If yes, attach explanation

This section to be completed only if a change is being made to the degree requirements

Current Requirements

Current major unit requirements =

Current G.E. and All-University requirements (minus any units which double-count for the major)

Current total unit requirement for the degree =

Proposed Requirements A + 60 - B + C = 120

Proposed major unit requirements [A]

Maximum GE and All-University requirements (GEAR) + 60 (60 units = GE 48 units + Institutions 6 units + DCG 6 units)

GEAR Course Units

Minus total GEAR double-count units [- B]

Electives (non-major, non-GEAR elective units available to students) [C]

Proposed total unit requirement for the degree **120**

Does this change require Chancellor's Office approval?

Yes No

ATTENTION: Attach catalog copy with changes indicated and a revised 4-year plan. If deleting or suspending a program, please attach the plan for students currently enrolled in the program including method of notification to students and a blanket substitution advising plan.

Catalog copy with changes indicated is attached

Revised Major Academic Plan (MAP) is attached Link to [MAP template](#) Link to [majors and programs](#)

Recommended: Proposal reviewed by Dept. Administrative Support (please initial) _____

Approvals:

College Dean _____ I have reviewed this proposal and recommend approval.
 please initial I have reviewed this proposal and encourage the ICC to consider my attached comments.

Dept. Chair Approval _____ Date _____

Integrated Curriculum Committee Approval Date _____ University Senate Approval Date _____

Academic Affairs Approval _____ Date _____

Revised 04/2016

Approved copies will be distributed to: Enrollment Management, College, Department, & Catalog Editor