

**Revision/Change Form for the Revision of Existing Programs, Policies, and the Establishment of New Academic Units and Minors**

***Please refer to TBR Policy 2:01:01:00, TBR Guideline A-010, and THEC Policy A1:0 and A1:1 before developing a proposal.***

**INSTRUCTIONS: Please respond to each question. If the question is not applicable, please use “NA” and include a brief explanation of why the question is not applicable to the proposed action. The form will expand to allow space as needed and must be submitted to the TBR Vice Chancellor for Academic Affairs as an MSWord document.**

**EXECUTIVE SUMMARY**

**INSTITUTION:**

**PROPOSAL:**

**PROPOSED EFFECTIVE DATE:**

**PURPOSE:** (Goals and Objectives in keeping with Institutional Mission)

**NEED:** (What is the justification for making this proposal at this time?)

**IMPACT:**

**DIVERSITY STATEMENT:**

**PLANS FOR ACCREDITATION:**

(Identify the source and **projected date** of Professional accreditation if applicable; SACS notification, if

required, and if a substantive change, the scope of the substantive change. If there are no plans to seek

specialized accreditation, please provide reasons.)

**Type of Program Change (Check all those that apply):**

 \_\_\_\_\_ \*Establish a new academic unit (specify department, division, college, campus, etc.)

 (Attached an organizational chart.) (Note: This is NOT for new programs.)

\_\_\_\_\_ \*Consolidate an existing academic program

\_\_\_\_\_ \*Substantive Curriculum Modification in an existing academic program

The proposed program requires completion of \_\_\_ semester credit hours

distributed as follows:

Curriculum Component Hours Required

General Education

Major Field Core (required of all students in program)

Concentration (courses specific to the concentration)

Electives (may be guided or general electives)

Other (specify, i.e.,)

TOTAL:

No. of new courses: \_\_\_\_\_ with \_\_\_\_ credit hours

No. of credit hours impacted by the revision since last TBR action \_\_\_\_\_

\_\_\_\_\_ Termination of an existing program or concentration

\_\_\_\_\_ Inactivation of an existing program or concentration

(If a program is not reactivated within a period of three years, the program will automatically be terminated and removed from the Academic Inventory by December of that year.)

\_\_\_\_\_ Reactivation of a program that was placed on inactivation within the past 3 years

Date of inactivation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of proposed reactivation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\*Revision Admission/Progression/Graduation Policy

\_\_\_\_\_ Extend an existing **degree** program to be delivered 100% at an off-campus location.

(Extension to 100% off-campus delivery requires additional action if the location of delivery is to be converted from a “site” to a “center.”)

 \_\_\_\_\_ \*Establish a new academic MINOR (attach a list of required courses with descriptions)

 (May be approved by the Vice Chancellor for Academic Affairs or referred to the Board.)

 \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Indicate Program Change as Reflected in the Academic Program Inventory:

|  |  |
| --- | --- |
| Before the Proposed Change (List as it now appears on the official Academic Program Inventory at THEC) | After the Proposed Change(List as it should appear on the official Academic Program Inventory at THEC once approved.) |
| Title of Old Program orCertificate Option(Include all existing concentrations before revision.) | Degree | CIP Code | Title of New Program or Certificate Option(Include concentrations existing after revision is approved.) | Degree | CIP Code |
|  |  |  |  |  |  |

**4.\*Attach a copy of the "before and after" curriculum or organizational chart, as**

 **applicable, and a rationale for the proposed change. For policy changes, include the**

 **current and proposed policy. Whenever possible a side-by-side comparison is**

 **preferred.**

5. Intended implementation date for program change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. For terminations, date phase-out period will end: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If the phase-out period is greater than 1 year for certificates or 3 years for any other

program, explain why more time is needed.)

7. **If any new costs are anticipated, attach the THEC Financial Projections Form.**

 8. Describe the anticipated impact for students, personnel, fiscal resources, and other clientele.