

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

(Check one) <input type="checkbox"/> New Course (Parts II, IV) <input type="checkbox"/> Course Revision (Parts II, IV) <input type="checkbox"/> Course Dropped (Part II) <input type="checkbox"/> New Program (Part III) <input type="checkbox"/> Program Revision (Part III) <input checked="" type="checkbox"/> Program Suspended (Part III)	Department Name College *Course Prefix & Number *Course Title (30 characters) *Program Title *Provide only the information relevant to the proposal.	Curriculum and Instruction Education Allied Health (Non-teaching) Option for M.A. Ed. (Major __, Option <u>X</u> ; Minor __; or Certificate __) Graduate Council* Council on Academic Affairs Approved <u>X</u> Disapproved __. Faculty Senate** Board of Regents** Council on Postsecondary Edu.***
Proposal Approved by:		Date
Departmental Committee	10-18-02	12-11-02
College Curriculum Committee	11-12-02	
General Education Committee*		12-19-02
Teacher Education Committee*	11-12-02	
*If Applicable (Type NA if not applicable.) **Approval needed for new, revised, or suspended programs ***Approval/Posting needed for new degree program or certificate program		NA

Completion of A, B, and C is required: (Please be specific, but concise.)

A. 1. Specific action requested: (Example: To increase the number of credit hours for ABC 100 from 1 to 2.) Suspension of the Allied Health (Non-teaching) Option to the M.A. Ed in Secondary Education A. 2. Effective date: (Example: Fall 2001) Fall 2002 A. 3. Effective date of suspended programs for currently enrolled students: (if applicable) Students who would have enrolled in this program are currently pursuing the Master of Public Health degree. No students are currently enrolled in the program.	
B. The justification for this action: With the initiation of the Master of Public Health program, this option is no longer needed.	
C. The projected cost (or savings) of this proposal is as follows: Personnel Impact: None Operating Expenses Impact: None Equipment/Physical Facility Needs: None Library Resources: None	

Part II. Recording Data for New, Revised, or Dropped Course

(For a new required course, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide (a) the current catalog text and (b) the proposed text, reflecting the exact changes being proposed.
3. For a dropped course, provide the current catalog text.

Current Catalog Text

New or Revised* Catalog Text

(*Use ~~strikeout~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

Part III. Recording Data for New, Revised, or Suspended Program

1. For a new program, provide the catalog description as being proposed.
2. For a revised program, provide (a) the current program requirements and (b) the revised program, reflecting the exact changes being proposed.
3. For a suspended program, provide the current program requirements as shown in catalog. List any options and/or minors affected by the program's suspension.

Current Program Requirements as Shown in Catalog

Allied Health (Non-teaching) Option to M.A. Ed. in Secondary Education 15 hours
HEA 798
HEA 898
Additional courses selected from HEA or related areas with advisor approval.

New or Revised* Program

(*Use ~~strikeout~~ for deletions and underlines for additions.)