

REF #: _____/_____/_____ **SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE**
REQUEST FOR CHANGE IN ACADEMIC PROGRAM PRACTICES AND CONDITIONS

1. UNIT/PROGRAM:

Degree Title (B.A., M.S., etc.) _____
 Major Concentration in _____
 Specialization _____
 Minor Concentration in _____
 Department _____
 School or Responsible Unit(s) _____

NATURE OF CHANGE IS:

- a. ☐ Change in requirements
 b. ☐ Change in department/unit name
 c. ☐ Change in academic program name
 d. ☐ Addition or elimination of specialization or option
 e. ☐ Other: _____

*If the proposed action is a "reasonable and moderate extension" (RME), please provide the information specified on the second page of this form. If you are uncertain if the proposed action is a RME please consult the Office of the Provost prior to completion of this form.

2. PROGRAM OF STUDY:**3. ADMISSION/ENTRANCE REQUIREMENTS:****4. RETENTION STANDARDS:****5. EXIT REQUIREMENTS:****6. COPY OF THE CURRENT CATALOG DESCRIPTION AND THE PROPOSED CATALOG DESCRIPTION.****7. APPROVED:****DATE**

a. Department Chairperson(s)	_____	_____
b. School Curriculum Committee(s)	_____	_____
c. Dean of School(s)	_____	_____
d. Curriculum Council	_____	_____
e. Dean of Graduate School	_____	_____
f. Provost	_____	_____

The original of this form will be retained in the office of the Provost. Copies of forms for Graduate programs will be retained in the Graduate School. No other routine copies will be made.

If this action is a Reasonable and Moderate Extension, please respond to each item below. Attach additional pages if necessary. The Office of the Provost can advise as to the appropriateness of the RME.

1) Reason for proposed action

2) Anticipated budgetary effects

3) Arrangements to be made for affected faculty

4) Other educational units, curricula, or degrees affected by the action

5) Changes in catalog copy (attach):

6) Requested effective date