

**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 _____
Department _____
School or Responsible Unit(s) _____

NATURE OF CHANGE IS: (Check all that apply.)

- 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: _____

2. PROGRAM OF STUDY:

3. ADMISSIONS/ENTRANCE REQUIREMENTS:

4. RETENTION STANDARDS:

5. EXIT REQUIREMENTS:

6. COPY OF THE CURRENT CATALOG DESCRIPTION AND THE PROPOSED CATALOG DESCRIPTION.

7. APPROVED:

DATE

Department Chairperson(s) _____	_____
College/School(s) Committee(s) _____	_____
Dean of College/School(s) _____	_____
Curriculum _____	_____
Dean of Graduate School _____	_____
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.

1) Reason for proposed action:

2) Anticipated budgetary effects:

3) Arrangement 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: