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| Curricular Modification: Category IIIMinor Program Revision | Levels of Review: Program – School – Provost’s Office Review the [Curriculum Modifications webpage](https://www.ohsu.edu/education/new-academic-programs-and-curriculum-modifications) for the deadlines by which proposals need to be submitted to the Office of the Provost for the proposed date of implementation. |  |

## Program Information

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| School/College: |  |
| Degree(s): | Major: |
| Contact’s Name: | Contact’s Email: |

## Proposed Implementation Date

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| Academic Year:  Term (if relevant): |

NOTE: If you are revising electives, provide both the proposed academic year andterm. Otherwise, all other changes should occur effective summer terms, to align with a catalog year, and you only need to include the proposed academic year.

## Proposed Minor Revision (Select all that apply)

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| Course Revisions:  Revise course descriptions, designations:  Subject code  Number  Title  Credits  Level  Revise prerequisites  Eliminate/sunset a course  Add a course (not a new requirement and fits into an existing elective/selective) | Program Revisions:  Revise graduation requirements  Revise degree requirements due to SLO/competency revisions  Revise the name of the major for the academic program | Miscellaneous:  Change program responsibility from one department to another  Revise course sequencing  Other, describe: |

NOTE: You are encouraged to discuss your proposal with the Registrar’s Office during its development stage (contact [hyattg@ohsu.edu](mailto:hyattg@ohsu.edu)).The Registrar can help you understand how best to represent the desired curricular changes and can provide guidance on course numbers, titles, credits, and descriptions.

## Proposal Summary

## Below, provide a concise summary of each revision included in the proposal. **Explain how the program and/or course is currently designed, structured, described, or designated, and how this will change if the proposed revision is implemented (e.g., updated course description, credit hours, course title, etc.). State if the revision alters the total credits for degree completion, and how.** Delete the example provided (in italics) prior to submission.

## *Example: Add two new classes to the major: AAA 582 (3 cr.) and BBB 519 (4 cr.). Remove 7 cr. of electives so the change is credit neutral.*

## Proposal

#### The section is designed to gather information that is essential for accreditation purposes and to effectively facilitate the development and improvement of academic programs. Provide a response below each of the following prompts/questions:

1. **Provide context for this proposed revision by describing the rationale and the expected benefits and outcomes of its implementation.** Rationale could include changes in profession standards, advances in the field, feedback from relevant and interested parties, or alignment with institutional/school/programmatic goals, among other reasons. **Consider the benefits for students, faculty, staff, finances, accreditation, etc.**
2. **Does this revision impact other programs in the department or school/college? If yes, explain the impact and document who you consulted about managing this impact.**
3. **How does the revision support the program and school/college’s goals or strategic plans?**
4. **Are there resources (staff, technological, financial, etc.) that are needed to implement this revision that are not currently available to your program? If yes, explain the resources that are needed and the proposed solution for gaining these resources.**

## Additional Instructions

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| If the proposal includes any change(s) to the program requirements, include this supplemental material:Track changes version of the Program Requirements Guide (contact the Registrar, [hyattg@ohsu.edu](mailto:hyattg@ohsu.edu), for the original Word document or if you have questions about how to complete this task) |

### Authorization

All requests must include the signature of the program director and applicable associate dean. By signing this form, you confirm your request to modify the academic program.

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| Program Director Signature | Date |
|  |  |
| Associate Dean Signature\* | Date |

\*Following the Associate Dean’s signature, the Office of the Dean will submit the form as verification of school-level approval to the Office of the Provost-Academic Affairs ([ModifyCurriculum@ohsu.edu](mailto:ModifyCurriculum@ohsu.edu)) to initiate the university-level administrative review process.

Form updated: 6-19-24