

Temple University
Request to Establish, Terminate, or Change an Academic Program
(DRAFT 2.25.09)

Date: _____ **School/College:** _____

Individual responsible for proposal:

Name _____
Title

e-mail _____
Phone

Action sought:

*Go to <http://www.temple.edu/deputyprovost/academic-proposals/OfficeoftheDeputyProvost-academicchanges.htm> for a list of action types.

Establish Terminate

Change: Rename Restructure Change in array

Type of Program: (list) Select from list below

*Go to <http://www.temple.edu/deputyprovost/academic-proposals/OfficeoftheDeputyProvost-academicprogramdefinitions.htm> for a list of program definitions.

- | | |
|--|---|
| <input type="checkbox"/> Major | <input type="checkbox"/> Dual Degree or Dual/Plus Degree |
| <input type="checkbox"/> Major with required or optional track/concentration | <input type="checkbox"/> Joint Degree |
| <input type="checkbox"/> Track / concentration (within an existing major) | <input type="checkbox"/> Academic Honors |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Certificate of Specialized Study |
| <input type="checkbox"/> Collegial Requirements | <input type="checkbox"/> Certificate of Advanced Study |
| <input type="checkbox"/> Co-Major | <input type="checkbox"/> Certificate of Completion (non-credit) |

For changes to courses, use the <i>Proposal to Establish, Revise or Terminate a Course</i> form.
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Degree, Abbreviation and Title of Program: _____
[e.g. Bachelor of Science , B.S, in New Program]

Brief Description (approximately 250 words):

Proposed date of implementation: Fall 2 _____ Spring 2 _____ Other: _____

Additional information:

Review and Approvals

- This proposal has gone through the necessary approval processes as outlined by the by-laws, governance structure, or practices of the school/college, and I approve the proposal on behalf of the school/college.

Dean

Date

Office of the Provost use only:

Endorsed by:

____ Senior Vice Provost for Undergraduate Studies Date:

____ Graduate School / Graduate Board Date:

____ Deputy Provost Date:

____ Other: _____ Date:

Draft / Preliminary submitted Date:

Final Due Date:

Final submitted Date:

Document no: _____ AAC Approval _____ BOT Approval _____

AY of Program Review: _____ AY of Accreditation (if applicable): _____