This form must accompany all proposals for new programs, for changes in program requirements, and for all RME requests, which include changes in program name. Notify Academic Affairs of your request and consult with respect to RMEs and requests implying external approval (IBHE, ISBE, HLC, accrediting bodies). Also submit Curriculum Form Number 4.

DEPARTMENT ______________________________   CHAIR: _________________________   DATE: _____________

CHECK ONE:  ___ Change in existing degree program       ____ RME request (note IBHE #)*       ___ New program

(see Provost Website)

1. Approved by the appropriate academic department.  
CIP Code: _______________  
____________________     ___________  
Signature                Date

2. Reviewed and recommended by the appropriate college curriculum committee(s):

____________________     ___________  
Signature                Date

3. Approved by the appropriate college dean.  
____________________     ___________  
Signature                Date

4. Approved by the University Council on Teacher Education (if applicable).  
____________________     ___________  
Signature                Date

5. Approved by the Graduate Council (if applicable)  
____________________     ___________  
Signature                Date

6. Approved by the University Curriculum Coordinating Committee.  
____________________     ___________  
Signature                Date

7. Approved by the Distance Education Committee  
____________________     ___________  
Signature                Date

8. Approved by the Office of Academic Affairs.  
____________________     ___________  
Signature                Date

9. Major code assigned by Registrar (if applicable).  
____________________     ___________  
Signature                Date

10. Entered in course scheduling system/Banner (if applicable).  
____________________     ___________  
Signature                Date

11. Entered in evaluations system (CAPP) or Graduate Office.  
____________________     ___________  
Signature                Date

12. Entered in appropriate catalog(s).  
____________________     ___________  
Signature                Date

DISTRIBUTION:  
Appropriate Chairperson         Office of Academic Affairs  
Appropriate College Dean        Office of Registration and Records  
Dean of Library                 University Curriculum Coordinating Committee  
Course Scheduling               Office of Evaluations

[For AA use only: Does proposal require HLC/external approval? _____ Yes       _____ No]