**2/27/17**

**INSTRUCTIONS**

**University of Wisconsin Oshkosh**

# **FORM C** (Effective February 2003 – Revised Distribution Winter 2017)

# **ACADEMIC PROGRAM ACTION ROUTING SHEET**

For New or Revised Plan (Major/Minor/Emphasis/Option/Certification)

**Department Name**:

**Your Name, email, and phone number:**

**Effective Date**: Fall of       (year)

*If backdated, explain why:*       *Unless there is a request and rationale to backdate a curriculum change, it will take effect in the following Fall semester.*

Program Name:

*Check the box below if you are creating a new major or degree program. UW System documentation is part of the entitlement process for these programs. New minors /emphases/options/certificate will not have UW System documentation.*

**NEW (Attach appropriate UW System documentation)**

*This section is for changes to existing programs. Check the "Revision" box and all other boxes that apply to the changes you are making to your program.*

**REVISION - Check all that apply**

□ Plan Title (include new 30 –character abbreviation)

□ Units (credits)

□ Required Course

□ Elective

□ Discontinuance of Academic Plan (attach a rationale statement which addresses changes which have occurred in Plan, faculty expertise, enrollment trends, availability of resources, and/or foci of the discipline)

□ Other

## [ ]  Undergraduate

 [ ]  Plan (Major):

 [ ]  Emphasis within Major:

 [ ]  Option within Major Emphasis:

 [ ]  Plan (Minor):

 [ ]  Emphasis within Minor:

 [ ]  Option Within Minor Emphasis:

 [ ]  Professional Core (COB/CON/COEHS):

 [ ]  Certificate:

## [ ]  Graduate

 [ ]  Plan (Program):

 [ ]  Option within Program:

 [ ]  Certificate:

**Type of Action Proposed:**

Briefly state the proposed action(s) here. Include the course prefix, number and title of each course listed.

 If changes are complex or substantial, attach “before and after” planning sheets with

changes **in bold**.

**Justification of Proposed Change**

**Will this change the number of required credits in the program? [ ]  Yes [ ]  No**

 *If yes, specify number of credits currently required:*

 *If yes, specify number of credits required after change:*

**Other inserts (if applicable):**

For a new undergraduate or graduate Plan or a change in an existing undergraduate or graduate plan, provide classification and funding source information.

Plan classification: I II

 Funding Source: New GPR Extramural Base Reallocation

 Redeployment Enrollment No Change

Classification I: A Plan with significant impliations for UW System resource requirements or for interinstitutional planning

Classification II: A Plan with minimal implications for UW System resource requirements or for interinstitutional planning

***Mark all areas below that apply.***

1. **Does this change apply to a plan (Major/Minor/Emphasis/Option/Certificate)**

**outside of the initiating unit? If yes, have department chairperson(s) sign below.**

 [ ]  No [ ]  Yes - Please explain:

1. **Does this change involve a course from a department(s) outside of the initiating department(s)? If yes, have department chairperson(s) sign below.**

[ ]  No [ ]  Yes - Please explain:

**Each chairperson signing below has the option of attaching a written statement indicating approval of and/or concerns with this proposal. These written statements must accompany the proposal through all levels of review.**

Unit: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check Box if you want a copy of the approved form.

Unit: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check Box if you want a copy of the approved form.

Unit: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check Box if you want a copy of the approved form.

Unit: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

 Check Box if you want a copy of the approved form.

**Pre-Approvals**

*The Form C will not be sent for review/approval to the Faculty Senate Academic Policy Committee (APC) without the Registrar’s signature. It is a good idea to get the Registrar’s signature early in the process.*

***Prior to the initiation of the approval process, please contact the Registrar’s Office at x0933 for consultation about the possible impact of proposed changes.***

**Registrar:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional review sign-off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ \_\_\_\_\_\_\_\_\_**

**i.e. USP, Global Citizenship, Global Scholar, Honors**

**Governance Approvals**

*For a new Plan, or change in an existing Plan, approval signatures indicate no duplication of other plans at the university and consultation with other deans as appropriate. For discontinuance of an academic plan, consultation with other relevant deans is necessary.*

***Approvals and Distribution:*** *Print your name; sign your name, date, check box ONLY if you want a copy of the approved form. Be SURE to indicate in the last line any others who should receive the approved form.*

*In the following chart, enter names and obtain signatures of those who approve the action. Use the “originator” line or the last line “other recipients” to list names of those who need to see the final approved form for example - the Academic Department Associate, Program Assistant, or the University Services Associate. If you have questions, please call the Provost’s office: 424-1410.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Print Name** | **Sign Name**  | **Date** |
| Originator *(if other than Dept. Chair & must be faculty member)* |       |  |  |
| Department Chair(s) |       |  |       |
| Division Chair(s) |       |  |       |
| Curriculum Committee Chair(s) |       |  |       |
| Dean/College(s) |       |  |       |
| Grad Studies (if applicable) |       |  |       |
| USP Committee Chair (if applicable) |       |  |       |
| APC Chair |       |  |       |
| Interim Provost and Vice Chancellor | John Koker |  |       |
| Chancellor | Andrew Leavitt |  |       |
| Other recipients of Approved Forms: |      (Print name) |      (Email here) |       |
| All approved forms are stored in the Public Shared Folder “Approved Curriculum Forms” on the public shared drive. Please call the Provost’s office for more information or access. The approved forms will be shared electronically with those who indicate the request by checking the box above. |

\* Refer to UW Oshkosh Academic Program Change Matrix in Faculty Handbook for information about forms and routing instructions.

\*\* For a new Plan, or change in an existing Plan, approval indicates no duplication of other Plans at the University and consultation with other Deans as appropriate. For discontinuance of an academic Plan, consultation with other relevant Deans is necessary.