**University of Wisconsin Oshkosh**

**Form C**

# **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:*

Program Name:

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

**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 addressing changes that 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:*

Rationale for the change in the number of credits required:

**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 implications 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**

***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**

***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 forms.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Print Name** | **Sign Name** | **Date** | Check here if you require a copy |
| 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 |  |  |  |  |
| Provost and Vice Chancellor | Edwin Martini |  |  |  |
| 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.

***Revised: October, 2018***