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| C:\Users\teske\Desktop\OHSU-4C-POS.jpg | Category II:Curricular Modification Request Form |

### Program Information

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| Program Name: |  | Contact Name: |  |
| School/College: |  | Phone/ Email: |  |

### Key Dates

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| **Proposed Implementation (Term/Year):** |

### Proposed Revision

### *(Please check the appropriate box)*

Pilot study or limited duration offering Initial offering as competency based (or direct assessment)

Offering less than 1 year in length (existing location) Initial offering through distance education

Addition of courses significantly different from existing offerings

Vary total course credits for program from university credit hour standards

Program offerings at a new off-campus location, outside of NWCCU region, including international locations

25% or more increase/decrease in program length, or clock hours to credit hours (or vice versa)

Degree/Certificate program moratorium, suspension, or elimination (complete Form C-Program Closure Request Form)

50% or more of program requirements completed through distance education or competency based learning

Add existing program(s) of one year (or more) in length to a previously reported and evaluated location where 50% or more of the program requirements are delivered (assuming minimal need for additional resources)

Other (describe):

### Student Level Impacted by Revision

Undergraduate Master’s Professional Doctorate Research Doctorate Certificate

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| Proposal  1. **Describe each program revision and how it will change the curriculum. Does the proposal include new or revised courses (explain)?  YES  NO. For changes to graduation requirements, describe the new requirements. How will the change impact current students? What is the rationale for the change?** 2. **If the proposal includes updates to program level student learning outcomes or competencies, provide both the new and eliminated/revised outcomes and competencies to fully demonstrate the alteration.**  How does the program revision fit with the department and school’s long term goals/strategic plans? How does the revision enhance the program or overlap with other programs in the department or school? |
| Based on needs assessment data, is there a need and/or demand from potential students and employees for the revised program? Specifically, is this need or demand in the Portland Metro Area or statewide? |
| What impact will this revision have on the targeted student group? What is the estimated number of students that will be impacted?  1. **If applicable, describe the impact this change will have on the capacity of student services?**  What is the impact on students and faculty for “teaching out” the existing curriculum? Please provide a timeline with steps for making this transition.What resources from faculty and staff are needed to implement the proposed program revision, and how does that impact other programs? List faculty and their projected involvement.Describe the revenue and expenditure impact of the proposed change.  1. **If the program is being moved, merged or split, explain the sustainability plan for the program. For grant funded programs, will the program revision impact the grant in any way? If so, and the impact is negative, is this a reasonable commitment to make given budget cuts and diminished grant funds?**  Additional Instructions **Please provide the following attachments as supplemental material:** |
| Any plans, budget, and/or descriptive materials indicating evidence of the need for program level change. |
| Complete Curriculum Side-by-sideComplete Closure Request Form *(as needed).* |

### Request Authorization

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

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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 Academic Programs Policy and Accreditation (email* [*teske@ohsu.edu*](mailto:teske@ohsu.edu)*) to initiate the Administrative Review and university level review/approval process.*

*Forms updated 6-13-18*