Proposal to Change Degree Requirements For the Major

NOTE: All gray text boxes must be completed (even if you just put N/A into them), otherwise the committee must consider the form incomplete.

Contact person Mark Del Mastro  Email address delmastromp@cofc.edu Phone 953-6748

1. Department: Hispanic Studies

2. Degree: BA in Spanish

3. Semester and year in which degree change(s) will go into effect: Fall 2011

4. Change(s) Desired (Note: if the change includes deleting courses from the inventory, a Delete Course form must also be completed for each course, the Curriculum Committee does not assume the responsibility to delete the course):

   Majors in Spanish are required to take a proficiency exam in speaking during their last year prior to graduation. Information about the nature of the exam and the schedule for each semester is available in the department and on its website.

5. Justification for Change(s):

   The Strategic Plan calls for improving our students’ proficiency in world languages. In keeping with that goal, the department of Hispanic Studies will be assessing our majors’ proficiency in Spanish using the nationally recognized exam, the Oral Proficiency Interview of the American Council on the Teaching of Foreign Languages. The data from our majors’ scores will be used to monitor our students’ progress, as well as our own program’s goals and objectives.

6. Does the change include deleting or adding courses from other departments? If yes, what department/program? Please contact the department chair/program director and request a note or email that they are aware of the proposed change and include that note with the proposal. NO
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6. Signature of Department Chair (s) or Program Director(s):
   __________________________________________ Date: ________________
   __________________________________________ Date: ________________

7. Signature of Dean(s) of School:
   __________________________________________ Date: ________________
   __________________________________________ Date: ________________

8. Signature of Provost:
   __________________________________________ Date: ________________

9. Signature of Curriculum Committee Chair:
   __________________________________________ Date: ________________

10. Signature of Budget Committee Chair:
    __________________________________________ Date: ________________

11. Signature of Academic Planning Committee Chair:
    __________________________________________ Date: ________________

12. Signature of Faculty Senate Secretary:
    __________________________________________ Date approved by Senate: ________________

Completed form should be sent by the Faculty Senate Secretary to the Registrar. After implementation, information concerning the passed course and program changes will be provided by the Registrar to all faculty and staff on campus.

This form was approved by FCC on 8/17/2010 and replaces all others.