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 Jon Hakkila  Email address hakkilaj@cofc.edu Phone 3-6387

1. Department: Physics and Astronomy

2. Degree: B.A. Astronomy

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):
   Add ASTR.210, ASTR410, PHYS.298 (astronomy related topic),
   ASTR.260/GEOL.260/PHYS.260, ASTR.260L/GEOL.260L/PHYS.260L, and
   ASTR.460L/GEOL.460L/PHYS.460L as electives

5. Justification for Change(s):
   Courses are new to curriculum in Geology and Environmental Sciences and Physics and Astronomy Departments

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.
   Geology & Environmental Sciences
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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.