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. Physics

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):

   Revise the description of Electives to read
   "Electives: 11 additional hours in physics to be selected by the student, with the approval of the department, with a maximum of three credits total from PHYS 260/260L/460L, PHYS 381, PHYS 390, and PHYS 399."

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

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

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.

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