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 Mitchell Colgan  Email address colganm@cofc.edu Phone 3-7171

1. Department: Geology & Environmental Sciences

2. Degree: B.S. Geology & Environmental Sciences

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 GEOL.260/ASTR.260, GEOL.260L/ASTR.260L, and GEOL.460L/ASTR.460L as electives; a maximum of 3 credit hours in these classes can count toward the Geology & Environmental Sciences B.S.

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. Physics & Astronomy
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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.