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 Heath Hoffmann  Email address hoffmannh@cofc.edu Phone 3-8182

1. Department: Sociology and Anthropology

2. Degree: BS

3. Semester and year in which degree change(s) will go into effect: Sp 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 option of new course ANTH494 for completing Research Methods requirement for the Anthropology Major. If approved, students would be allowed to complete the Research Methods requirement for the major by completing any of the following: ANTH 491, ANTH 493 or ANTH 494.

5. Justification for Change(s):
   Research training can occur in many settings. This course would provide students an option for hands on training in the field.

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: ________________

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.