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 Claire Curtis  Email address curtisc@cofc.edu Phone 953-6510

1. Department: Political Science

2. Degree: BA

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):
   Delete following courses from list of approved electives:
   POLS 311 – Environmental Change and Management in American West
   POLS 326 – Soviet and Russian Politics
   POLS 346 – Modern Ideologies

   Add Following Courses to list of approved electives:
   POLS 325: Chinese Politics
   POLS 355: Global Political Theory
   POLS 397: LGBT Politics

5. Justification for Change(s):
   These deletions and additions reflect hiring shifts and a reprioritizing of our course offerings (see individual course deletion forms for individual justifications).

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.
   POLS 326 impacts Russian Studies minor
   POLS 311 impacts Geography minor
   All courses impact Political Science Minor

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 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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