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 M. Van Sickle  Email address vansicklem@cofc.edu Phone x6357

1. Department: TEDU

2. Degree: B.S.

3. Semester and year in which degree change(s) will go into effect: Spring, 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):
We will be replacing EDEE515 Middle School Organization and Curriculum with the new EDMG415 Middle School Organization and Curriculum course to the existing undergraduate middle grades initial teacher certification program. This is at the request of the Provost's Office.

5. Justification for Change(s):
To meet the Provost's request, we are establishing a course that is specific to the undergraduate level and will no longer be listed as both an undergraduate and graduate course.

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 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.