FACULTY COMMITTEE ON GRADUATE EDUCATION, CONTINUING EDUCATION AND SPECIAL PROGRAMS

CHANGE/DELETE GRADUATE PROGRAM PROPOSAL FORM

Contact Name: Meta Van Sickle Email: vansicklem@cofc.edu Phone: 6357

Department and School Name: TEDU Name and Acronym of Graduate Program: EHTP

Date (Semester/Year) changed/deleted program will take effect: ASAP, SPRING, 2013

I. CATEGORY OF REVIEW (Check all that apply)

☒ Change Request (attach details):
  ☐ Add existing course or courses to requirements or electives
  ☐ Add new course(s) to requirements or electives (complete and attach COURSE FORM for each)
☒ ☐ Delete courses from requirements or electives
  ☐ Add new emphasis (check one): ☐ concentration ☐ track Total # of hours:
    (note: any emphasis involving more than 18 credit hours will also require CHE approval)

☐ Terminate Program (check one): ☐ Degree ☐ Certificate ☐ Emphasis (concentration/track)
(if checked, skip section II, IV, V, and VII below)

Are students currently enrolled in the program? ☐ Yes ☐ No
If yes, what semester will students complete the program?

If the program termination includes deleting courses from the inventory, a COURSE FORM must be included with this form for each course deletion.

☐ Interdisciplinary (attach evidence of acknowledgement from relevant departments)

II. DESCRIPTION OF CHANGES: If a changed program—please explain changes below; if a new emphasis—please provide the details below.

Remove EDFS500 from the courses required to complete the special education MAT program. This will change the required credit hours to complete the program from 39 to 38.
III. RATIONALE or JUSTIFICATION

For changes or termination, please provide a detailed justification. For a new emphasis, briefly address the goals/objectives for the new emphasis, provide evidence of student interest (i.e., has the program offered special topics courses in this area? has the program interviewed student focus groups as part of an internal assessment? etc.), and explain how the emphasis supports the liberal arts tradition and the mission of the institution.

The course materials are now available to students through other sources thus we no longer need to list the course as required. We will continue to offer the course as an elective dependent on student need and/or interest.

IV. CURRICULUM

Provide the COMPLETE curriculum for the changed program and/or new emphasis distinguishing between required and elective courses. Note pre-requisite courses where appropriate. Note any sequencing of courses or requirements in the program, listed exactly as it should appear in the catalog.

Attach the completed COURSE FORM and a sample syllabus for each new course.

Is a syllabus for each new course attached? ☐ Yes ☐ No
V. STUDENT LEARNING OUTCOMES and ASSESSMENT

<table>
<thead>
<tr>
<th>Program-Level Student Learning Outcomes</th>
<th>Assessment Method and Performance Expected</th>
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<tbody>
<tr>
<td>What will students know and be able to do when they complete the program/emphasis? Attach Curriculum Map.</td>
<td>How will each outcome be measured? Who will be assessed, when, and how often? How well should students be able to do on the assessment?</td>
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Additional Outcomes or Comments:

VI. IMPACT ON EXISTING PROGRAMS and COURSES Please briefly document the impact of this changed/deleted program or new emphasis on other programs and courses: if changing/deleting a program—list all programs that will be impacted (and how); if adding a new emphasis—explain any overlap with existing programs or courses in the same or different departments.

This will reduce the required credit hours to complete the special education program by one credit hour.

Is this changed/deleted program used by others? ☐ Yes ☑ No
If yes, please provide a letter of support in each case.

VII. COSTS ASSOCIATED WITH THE ACTION REQUESTED List all of the new costs or cost savings, (including new faculty/staff requests, library or equipment, etc.) associated with the action requested.

N/A
VIII. APPROVAL and SIGNATURES

Signature of Program Director:

[Signature]

Date: 4-19-12

Signature of Department Chair:

[Signature]

Date: 4-19-12

Signature of School Dean:

[Signature]

Date: 5/24/12

Signature of the Provost:

[Signature]

Date: 8/10/12

Return form to the Graduate School Office for Further Processing

Signature of Chair of the Faculty Committee on Graduate Education, Continuing Education & Special Programs:

[Signature]

Date: 9/6/2012

Signature of Chair of the Graduate Council:

[Signature]

Date: 9/17/12

Signature of Faculty Senate Secretary:

[Signature]

Date: __________________

Date Approved by Faculty Senate: __________________