Contact Name: Allisyn Miller, Admin Coordinator  Email: akmiller1@cofc.edu  Phone: 843-937-9596

Department Name: HSPV  Graduate Program name: Graduate Program in Historic Preservation (HSPV)

Course Prefix, Number, and Title: HSPV 619, Investigation, Documentation, Conservation

I. CATEGORY OF REVIEW (Check all that apply)

<table>
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<th>NEW COURSE</th>
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<th>DELETE COURSE</th>
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<td>□ New Course (attach syllabus*)</td>
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Date (Semester/Year) the course will first be offered, course changes or deletion will go into effect:

NEW COURSE:

*ATTACH THE SYLLABUS FOR A NEW GRADUATE COURSE to include:

- Course description and objectives
- Method of teaching (e.g., lecture, seminar, on-line, hybrid)
- Required and optional texts and materials
- Graduate School Grading Scale
- Assignments, student learning outcomes and assessment components
- Policies to include attendance, Honor Code, American Disabilities Act statement
- Tentative course schedule with specific topics
List prerequisites and/or other restrictions below

Will this course be added to the Degree Requirements?

a) ☐ Yes ☐ No

b) If yes, explain

II. NUMBER OF CREDITS and CONTACT HOURS per week

A. Contact Hours

B. Credit Hours

Is this course repeatable? ☐ yes ☐ no If so, how many credit hours may the student earn in this course?

III. CATALOG DESCRIPTION Limit to 50 words EXACTLY as you want it to appear in the catalog: include prerequisites, co-requisites, and other restrictions. If changing course description, please include both old and new course descriptions.
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Class deleted to be in line with Clemson standards, as number should change to 800-level.
Proposed change to HSPV 819

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

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NO IMPACT on other College of Charleston courses.
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NO COSTS ASSOCIATED WITH ACTION REQUESTED
IX. APPROVAL AND SIGNATURES

Signature of Program Director:  

Date: 2-18-14

Signature of Department Chair:  

Date: 2-18-14

Signature of Additional Chair*:  

Date: ______________

Signature of Schools’ Dean:  

Date: 2-19-14

Signature of Additional Schools’ Dean*:  

Date: ______________

Signature of the Provost:  

Date: 2-24-14

Signature of Budget Director/Business Affairs Office:  

Date: ______________

*For interdisciplinary courses

Return form to the Graduate School Office for Further Processing

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

Date: ______________

Signature of Chair of the Graduate Council:  

Date: ______________

Signature of Faculty Senate Secretary:  

Date: ______________

Date Approved by Faculty Senate: ______________
Contact Name: Allisyn Miller, Admin Coordinator    Email: akmiller1@cofc.edu    Phone: 843-937-9596

Department Name: HSPV    Graduate Program name: Graduate Program in Historic Preservation (HSPV)

Course Prefix, Number, and Title: HSPV 605, American Architectural Styles 1650-1950

1. CATEGORY OF REVIEW (Check all that apply)

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- Policies to include attendance, Honor Code, American Disabilities Act statement
- Tentative course schedule with specific topics
List prerequisites and/or other restrictions below

Will this course be added to the Degree Requirements?

a) [ ] Yes [ ] No

b) If yes, explain

II. NUMBER OF CREDITS and CONTACT HOURS per week

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<th>Lecture</th>
<th>Lab</th>
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<th>Ind. Study</th>
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A. Contact Hours

B. Credit Hours

Is this course repeatable? [ ] yes [ ] no If so, how many credit hours may the student earn in this course?

III. CATALOG DESCRIPTION Limit to 50 words EXACTLY as you want it to appear in the catalog; include prerequisites, co-requisites, and other restrictions. If changing course description, please include both old and new course descriptions.
IV. RATIONALE / JUSTIFICATION: If course change – please indicate the course change details. If course change or deletion—please provide reasons for change(s) to or deletion of a course. If a new course—briefly address the goals/objectives for the course and the relationship to the strategic plan.

Class deleted to be in line with Clemson standards, as number should change to 800-level. Proposed changed to HSPV 807

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

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NO IMPACT on other College of Charleston courses.
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NO COSTS ASSOCIATED WITH ACTION REQUESTED
IX. APPROVAL AND SIGNATURES

Signature of Program Director: 

Date: 2/18/14

Signature of Department Chair: 

Date: 2/18/14

Signature of Additional Chair*: 

Date: 

Signature of Schools’ Dean: 

Date: 2/19/14

Signature of Additional Schools’ Dean*: 

Date: 

Signature of the Provost: 

Date: 2/26/14

Signature of Budget Director/Business Affairs Office: 

Date: 

*For interdisciplinary courses

Return form to the Graduate School Office for Further Processing

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

Date: 

Signature of Chair of the Graduate Council: 

Date: 

Signature of Faculty Senate Secretary: 

Date: 

Date Approved by Faculty Senate: 

Contact Name: Allisyn Miller, Admin Coordinator   Email: akmiller1@cofc.edu  Phone: 843-937-9596

Department Name: HSPV  
Graduate Program name: Graduate Program in Historic Preservation (HSPV)

Course Prefix, Number, and Title: HSPV 610, History & Theory in Historic Preservation

I. CATEGORY OF REVIEW (Check all that apply)

NEW COURSE   CHANGE COURSE   DELETE COURSE

☐ New Course   ☐ Change Number (IV, VII, VIII, IX)   ☑ Delete Course (IV, VII, IX)
(attach syllabus*)  ☐ Change Title (IV, VII, VIII, IX)
                  ☐ Change Credits/Contact hours (II, IV, VII, IX)
                  ☐ Prerequisite Change (IV, VII, VIII, IX)
                  ☐ Edit Description (III, IV, VII, VIII, IX)

☐ Approve for Cross-listing (attach Graduate Permission to Cross-list Form)

Date (Semester/Year) the course will first be offered, course changes or deletion will go into effect:

NEW COURSE:

*ATTACH THE SYLLABUS FOR A NEW GRADUATE COURSE to include:

- Course description and objectives
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- Policies to include attendance, Honor Code, American Disabilities Act statement
- Tentative course schedule with specific topics
List prerequisites and/or other restrictions below

Will this course be added to the Degree Requirements?

a) ☐ Yes ☐ No

b) If yes, explain

II. NUMBER OF CREDITS and CONTACT HOURS per week

A. Contact Hours

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<tr>
<th>Lecture</th>
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<th>Seminar</th>
<th>Ind. Study</th>
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B. Credit Hours

Is this course repeatable? ☐ yes ☐ no  If so, how many credit hours may the student earn in this course?

III. CATALOG DESCRIPTION Limit to 50 words EXACTLY as you want it to appear in the catalog: include prerequisites, co-requisites, and other restrictions. If changing course description, please include both old and new course descriptions.
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Class deleted to be in line with Clemson standards, as number should change to 800-level. Propose change to HSPV 808

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

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VIII. 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. New courses requiring additional resources will need special justification.

NO COSTS ASSOCIATED WITH ACTION REQUESTED
IX. APPROVAL AND SIGNATURES

Signature of Program Director:  

Signature of Department Chair:  

Signature of Additional Chair*:  

Signature of Schools’ Dean:  

Signature of Additional Schools’ Dean*:  

Signature of the Provost:  

Signature of Budget Director/Business Affairs Office:  

*For interdisciplinary courses

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 of Chair of the Graduate Council:  

Signature of Faculty Senate Secretary:  

Date Approved by Faculty Senate:  

September 2011
Contact Name: Allisyn Miller, Admin Coordinator  Email: akmiller1@cofc.edu  Phone: 843-937-9596

Department Name: HSPV  Graduate Program name: Graduate Program in Historic Preservation (HSPV)

Course Prefix, Number, and Title: HSPV 611, Research Methods in Historic Preservation

1. CATEGORY OF REVIEW (Check all that apply)

NEW COURSE  CHANGE COURSE  DELETE COURSE

☐ New Course  ☐ Change Number (IV, VII, VIII, IX)  ☑ Delete Course (IV, VII, IX)
(attach syllabus*)  ☐ Change Title (IV, VII, VIII, IX)
  ☐ Change Credits/Contact hours (II, IV, VII, IX)
  ☐ Prerequisite Change (IV, VII, VIII, IX)
  ☐ Edit Description (III, IV, VII, VIII, IX)

☐ Approve for Cross-listing (attach Graduate Permission to Cross-list Form)

Date (Semester/Year) the course will first be offered, course changes or deletion will go into effect:

NEW COURSE:

*ATTACH THE SYLLABUS FOR A NEW GRADUATE COURSE to include:

- Course description and objectives
- Method of teaching (e.g., lecture, seminar, on-line, hybrid)
- Required and optional texts and materials
- Graduate School Grading Scale
- Assignments, student learning outcomes and assessment components
- Policies to include attendance, Honor Code, American Disabilities Act statement
- Tentative course schedule with specific topics
List prerequisites and / or other restrictions below

Will this course be added to the Degree Requirements?

a) □ Yes  □ No

b) If yes, explain

II. NUMBER OF CREDITS and CONTACT HOURS per week

A. Contact Hours

B. Credit Hours

Is this course repeatable? □ yes  □ no  If so, how many credit hours may the student earn in this course?

III. CATALOG DESCRIPTION Limit to 50 words EXACTLY as you want it to appear in the catalog; include prerequisites, co-requisites, and other restrictions. If changing course description, please include both old and new course descriptions.
IV. RATIONALE / JUSTIFICATION: If course change – please indicate the course change details. If course change or deletion—please provide reasons for change(s) to or deletion of a course. If a new course—briefly address the goals/objectives for the course and the relationship to the strategic plan.

Class deleted to be in line with Clemson standards, as number should change to 800-level.
Proposed change to HSPV 809

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

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NO COSTS ASSOCIATED WITH ACTION REQUESTED
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Signature of Additional Chair*:  

Signature of Schools’ Dean:  

Signature of Additional Schools’ Dean*:  

Signature of the Provost:  

Signature of Budget Director/Business Affairs Office:  

*For interdisciplinary courses

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Signature of Chair of the Graduate Council:  

Signature of Faculty Senate Secretary:  

Date Approved by Faculty Senate:  

September 2011
Contact Name: Allisyn Miller, Admin Coordinator  Email: akmiller1@cofc.edu  Phone: 843-937-9596

Department Name: HSPV  Graduate Program name: Graduate Program in Historic Preservation (HSPV)

Course Prefix, Number, and Title: HSPV 680, Special Topics in Historic Preservation

I. CATEGORY OF REVIEW (Check all that apply)

- NEW COURSE
- CHANGE COURSE
- DELETE COURSE

----- (Complete all sections below that apply including those indicated)-----

☐ New Course (attach syllabus*)

☐ Change Number (IV, VII, VIII, IX)  ☒ Delete Course (IV, VII, IX)

☐ Change Title (IV, VII, VIII, IX)

☐ Change Credits/Contact hours (II, IV, VII, IX)

☐ Prerequisite Change (IV, VII, VIII, IX)

☐ Edit Description (III, IV, VII, VIII, IX)

☐ Approve for Cross-listing (attach Graduate Permission to Cross-list Form)

Date (Semester/Year) the course will first be offered, course changes or deletion will go into effect:

NEW COURSE:

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- Tentative course schedule with specific topics
List prerequisites and / or other restrictions below

Will this course be added to the Degree Requirements?

a) □ Yes  □ No

b) If yes, explain

II. NUMBER OF CREDITS and CONTACT HOURS per week

A. Contact Hours

B. Credit Hours

Is this course repeatable? □ yes □ no  If so, how many credit hours may the student earn in this course?

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Class deleted to be in line with Clemson standards

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

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Signature of Additional Schools’ Dean*: 

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Signature of Budget Director/Business Affairs Office: 

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Signature of Faculty Senate Secretary: 

Date Approved by Faculty Senate: 

September 2011
Contact Name: Allisyn Miller, Admin Coordinator     Email: akmiller1@cofc.edu     Phone: 843-937-9596

Department Name: HSPV     Graduate Program name: Graduate Program in Historic Preservation (HSPV)

Course Prefix, Number, and Title: HSPV 612, Materials and Methods of Historic Construction

I. CATEGORY OF REVIEW (Check all that apply)

☐ New Course
    (attach syllabus*)

☐ Change Number (IV, VII, VIII, IX)
☐ Delete Course (IV, VII, IX)
☐ Change Title (IV, VII, VIII, IX)
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- Tentative course schedule with specific topics
List prerequisites and / or other restrictions below

Will this course be added to the Degree Requirements?

a) □ Yes  □ No

b) If yes, explain

II. NUMBER OF CREDITS and CONTACT HOURS per week

A. Contact Hours

B. Credit Hours

Is this course repeatable? □ yes  □ no  If so, how many credit hours may the student earn in this course?

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Class deleted to accommodate change in HSPV 619 (changing to HSPV 819, 6-hour course). This course content will be integrated into HSPV 819 as per the new curriculum.

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

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NO COSTS ASSOCIATED WITH ACTION REQUESTED
IX. APPROVAL AND SIGNATURES

Signature of Program Director:  

Signature of Department Chair:  

Signature of Additional Chair*:  

Signature of Schools’ Dean:  

Signature of Additional Schools* Dean*:  

Signature of the Provost:  

Signature of Budget Director/Business Affairs Office:  

*For interdisciplinary courses

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 of Chair of the Graduate Council:  

Signature of Faculty Senate Secretary:  

Date Approved by Faculty Senate:  

September 2011
Contact Name: Allisyn Miller, Admin Coordinator  Email: akmiller1@cofc.edu  Phone: 843-937-9596

Department Name: HSPV  Graduate Program name: Graduate Program in Historic Preservation (HSPV)

Course Prefix, Number, and Title: HSPV 859, Terminal Project in Historic Preservation

I. CATEGORY OF REVIEW (Check all that apply)

NEW COURSE  CHANGE COURSE  DELETE COURSE

☐ New Course  ☐ Change Number (IV, VII, VIII, IX)  ☑ Delete Course (IV, VII, IX)
☐ (attach syllabus*)  ☐ Change Title (IV, VII, VIII, IX)

☐ Change Credits/Contact hours (II, IV, VII, IX)
☑ Prerequisite Change (IV, VII, VIII, IX)
☐ Edit Description (III, IV, VII, VIII, IX)

☐ Approve for Cross-listing (attach Graduate Permission to Cross-list Form)

Date (Semester/Year) the course will first be offered, course changes or deletion will go into effect:

NEW COURSE:

*ATTACH THE SYLLABUS FOR A NEW GRADUATE COURSE to include:

- Course description and objectives
- Method of teaching (e.g., lecture, seminar, on-line, hybrid)
- Required and optional texts and materials
- Graduate School Grading Scale
- Assignments, student learning outcomes and assessment components
- Policies to include attendance, Honor Code, American Disabilities Act statement
- Tentative course schedule with specific topics
List prerequisites and / or other restrictions below

Will this course be added to the Degree Requirements?

a) □ Yes □ No

b) If yes, explain

II. NUMBER OF CREDITS and CONTACT HOURS per week

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Lab</th>
<th>Seminar</th>
<th>Ind. Study</th>
</tr>
</thead>
</table>

A. Contact Hours

B. Credit Hours

Is this course repeatable? □ yes □ no  If so, how many credit hours may the student earn in this course?

III. CATALOG DESCRIPTION *Limit to 50 words EXACTLY as you want it to appear in the catalog; include prerequisites, co-requisites, and other restrictions. If changing course description, please include both old and new course descriptions.*
IV. RATIONALE / JUSTIFICATION: If course change – please indicate the course change details. If course change or deletion—please provide reasons for change(s) to or deletion of a course. If a new course—briefly address the goals/objectives for the course and the relationship to the strategic plan.

Terminal project is no longer an option for HSPV students. Students must enroll in thesis class instead.

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

<table>
<thead>
<tr>
<th>Student Learning Outcomes</th>
<th>Assessment Method and Performance Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will students know and be able to do when they complete the course?</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>
</tr>
</tbody>
</table>

1. 

2. 

3. 

4. 

How does this course align with the student learning outcomes articulated for the major, program, or general education? What program-level outcome or outcomes does it support? Is the content or skill introduced, reinforced, or demonstrated in this course?
VII. IMPACT ON EXISTING PROGRAMS and COURSES: Please briefly document the impact and expected changes of this new/changed/deleted course on other departments, programs and courses; if deleting a course—list all departments and programs that include the course; if adding/changing a course—explain any overlap with existing courses in the same or different departments; if adding or deleting a course that will be part of a joint program identify the partner institution.

NO IMPACT on other College of Charleston courses.
Revisions are internal only to the HSVP program and are necessary to be in line with Clemson standards for the joint program.

VIII. 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. New courses requiring additional resources will need special justification.

NO COSTS ASSOCIATED WITH ACTION REQUESTED
IX. APPROVAL AND SIGNATURES

Signature of Program Director:

[Signature]
Date: 10.10.14

Signature of Department Chair:

[Signature]
Date: 10.10.14

Signature of Additional Chair*:

[Signature]
Date: 

Signature of Schools’ Dean:

[Signature]
Date: 1/10/14

Signature of Additional Schools’ Dean*:

[Signature]
Date: 

Signature of the Provost:

[Signature]
Date: 2/14/14

Signature of Budget Director/Business Affairs Office:

[Signature]
Date: 

*For interdisciplinary courses

Return form to the Graduate School Office for Further Processing

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[Signature]
Date: 

Signature of Chair of the Graduate Council:

[Signature]
Date: 

Signature of Faculty Senate Secretary:

[Signature]
Date: 

Date Approved by Faculty Senate: 

September 2011
Contact Name: Allisyn Miller, Admin Coordinator       Email: akmiller1@cofc.edu       Phone: 843-937-9596

Department Name: HSPV       Graduate Program name: Graduate Program in Historic Preservation (HSPV)

Course Prefix, Number, and Title: HSPV 800, Summer Internship in Historic Preservation

To be changed to: HSPV 845, Summer Internship in Historic Preservation

I. CATEGORY OF REVIEW (Check all that apply)

NEW COURSE          CHANGE COURSE          DELETE COURSE

☐ New Course       ☒ Change Number (IV, VII, VIII, IX)       ☐ Delete Course (IV, VII, IX)
(attach syllabus*)   ☐ Change Title (IV, VII, VIII, IX)
                     ☐ Change Credits/Contact hours (II, IV, VII, IX)
                     ☒ Prerequisite Change (IV, VII, VIII, IX)
                     ☒ Edit Description (III, IV, VII, VIII, IX)

☐ Approve for Cross-listing (attach Graduate Permission to Cross-list Form)

Date (Semester/Year) the course will first be offered, course changes or deletion will go into effect:

NEW COURSE:

*ATTACH THE SYLLABUS FOR A NEW GRADUATE COURSE to include:

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- Required and optional texts and materials
- Graduate School Grading Scale
- Assignments, student learning outcomes and assessment components
- Policies to include attendance, Honor Code, American Disabilities Act statement
- Tentative course schedule with specific topics

List prerequisites and / or other restrictions below
Will this course be added to the Degree Requirements?

a) ☐ Yes    ☐ No

b) If yes, explain

II. NUMBER OF CREDITS and CONTACT HOURS per week

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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>140</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

A. Contact Hours: 140
Schedule of contact hours will vary with the location, nature and requirements of the internship

B. Credit Hours 3

Is this course repeatable? ☐ yes  ☑ no  If so, how many credit hours may the student earn in this course?

III. CATALOG DESCRIPTION  Limit to 50 words EXACTLY as you want it to appear in the catalog; include prerequisites, co-requisites, and other restrictions. If changing course description, please include both old and new course descriptions.

Internship completed during the second year through which students explore a historic preservation project in a professional work environment.

Preq: Enrollment in MSHP/HSPV program

IV. RATIONALE / JUSTIFICATION: If course change – please indicate the course change details. If course change or deletion—please provide reasons for change(s) to or deletion of a course. If a new course—briefly address the goals/objectives for the course and the relationship to the strategic plan.

Course number revised to be in line with Clemson.
Course description revised to match current course content.
Course title to remain the same.
V. STUDENT LEARNING OUTCOMES and ASSESSMENT

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VII. IMPACT ON EXISTING PROGRAMS and COURSES: Please briefly document the impact and expected changes of this new/changed/deleted course on other departments, programs and courses; if deleting a course—list all departments and programs that include the course; if adding/changing a course—explain any overlap with existing courses in the same or different departments; if adding or deleting a course that will be part of a joint program identify the partner institution.

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VIII. 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. New courses requiring additional resources will need special justification.

NO COSTS ASSOCIATED WITH ACTION REQUESTED.
IX. APPROVAL AND SIGNATURES

Signature of Program Director:

Date: 3/10/14

Signature of Department Chair:

Date: 3/10/14

Signature of Additional Chair*:

Date:

Signature of Schools’ Dean:

Date: 2/16/17

Signature of Additional Schools’ Dean*:

Date:

Signature of the Provost:

Date: 2/12/14

Signature of Budget Director/Business Affairs Office:

Date:

*For interdisciplinary courses

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Date:

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