UNIVERSITY FACULTY SENATE FORMS

Academic Program Approval

This form is a routing document for the approval of new and revised academic programs. Proposing department should complete this form. For more information, call the Faculty Senate Office at 831-2921.

Submitted by:  _Sandra Baker_  phone number _302-831-0856_

Department:  _Health, Nutrition and Exercise Sciences_  email address __bakers@udel.edu

Date:  _October 8, 2009_

Action:  ____Delete Weight management concentration (currently option for nutrition majors)____ (Example:  add major/minor/concentration, delete major/minor/concentration, revise major/minor/concentration, academic unit name change, request for permanent status, policy change, etc.)

Effective term 10F  (use format 04F, 05W)

Current degree:  ____________________________  (Example:  BA, BACH, BACJ, HBA, EDD, MA, MBA, etc.)

Proposed change leads to the degree of:  ____________________________  (Example:  BA, BACH, BACJ, HBA, EDD, MA, MBA, etc.)

Proposed name:  ____________________________________________________  (if applicable)

Revising or Deleting:

Undergraduate major / Concentration:  _Dietetics Weight Management degree BS_  (Example:  Applied Music – Instrumental degree BMAS)

Undergraduate minor:  ____________________________  (Example:  African Studies, Business Administration, English, Leadership, etc.)

Graduate Program Policy statement change:  ____________________________  (Must attach your Graduate Program Policy Statement)

Graduate Program of Study:  ____________________________  (Example:  Animal Science: MS Animal Science: PHD Economics: MA Economics: PHD)

Graduate minor / concentration:  ____________________________

Note: all graduate studies proposals must include an electronic copy of the Graduate Program Policy Document, highlighting the changes made to the original policy document.

List new courses required for the new or revised curriculum. How do they support the overall program objectives of the major/minor/concentrations?  (Be aware that approval of the curriculum is dependent upon these courses successfully passing through the Course Challenge list. If there are no new courses enter “None”)

Explain, when appropriate, how this new/revised curriculum supports the 10 goals of undergraduate education:  
http://www.ugs.udel.edu/gened/

Identify other units affected by the proposed changes:  (Attach permission from the affected units.  If no other unit is affected, enter “None”)

None.
Describe the rationale for the proposed program change(s):
(Explain your reasons for creating, revising, or deleting the curriculum or program.)

Although these are optional concentrations, it has been difficult for students to take the courses required for this concentration without delaying graduation.

Program Requirements:
(Show the new or revised curriculum as it should appear in the Course Catalog. If this is a revision, be sure to indicate the changes being made to the current curriculum and include a side-by-side comparison of the credit distribution before and after the proposed change.)

Currently the concentration option is listed at the end of the applied nutrition, dietetics and nutritional sciences course listing in the online catalog. The concentration section can be deleted in its entirety for each major. This will not change the major requirements in any way.

ROUTING AND AUTHORIZATION: (Please do not remove supporting documentation.)
Department Chairperson ____________________________ Date ____________
Dean of College ____________________________ Date ____________
Chairperson, College Curriculum Committee ____________________________ Date ____________
Chairperson, Senate Com. on UG or GR Studies ____________________________ Date ____________
Chairperson, Senate Coordinating Com. ____________________________ Date ____________
Secretary, Faculty Senate ____________________________ Date ____________
Date of Senate Resolution ____________________________ Date to be Effective ____________
Registrar ____________________________ Program Code ____________ Date ____________
Vice Provost for Academic Affairs & International Programs ____________________________ Date ____________
Provost ____________________________ Date ____________
Board of Trustee Notification ____________________________ Date ____________
Revised 02/09/2009 /khs