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: Susan J. Hall ____________________________ phone number 831-4909
Department: Health, Nutrition, and Exercise Sciences ____________________________ email address sjhall@udel.edu

Action: delete minor (phase out over 3 years)
(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 12F
(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: __________________________________________
Proposed new name for revised or new major / minor / concentration / academic unit
(if applicable)

Revising or Deleting:

Undergraduate major / Concentration: __________________________________________
(Example: Applied Music – Instrumental degree BMAS)

Undergraduate minor: Figure Skating Coaching
(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”)

None

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

N/A

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.)
The College of Health Sciences will no longer be supporting the university Figure Skating program effective 7/1/10. Therefore, after this date there will no longer be a faculty member available to supervise the 12 credits of Practicum required for the minor in Figure Skating Coaching. In order to accommodate the students currently in the minor we will provide S-contracts for individuals to supervise the Practicum credits until the students currently enrolled in the minor graduate. Effective immediately, however, we will not admit any new students to the minor.

**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.)

**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 Programs & Planning____________ Date __________

Provost _______________________________________________ Date __________

Board of Trustee Notification ______________________________ Date __________

Revised 5/02/06  /khs