## 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: David A. Barlow, PhD	phone number <u>302 831-3030</u>
Department: CAS Medical Scholars Program	email address Barlow@udel.edu
Action: <u>Change CSCC 480/482 to ARSC480/482</u> (Example: add major/minor/concentration, delet major/minor/concentration, academic unit name change, re	te major/minor/concentration, revise
Effective term 09F	
(use format 04F, 05W)	
Current degree BALS-MSP (Example: BA, BACH, BACJ, HBA, 1	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 m (if applicable)	najor / minor / concentration / academic unit
Revising or Deleting:	
Undergraduate major / Concentration:	
(Example:	Applied Music – Instrumental degree BMAS)
Undergraduate minor:	
(Example: African Studies, I	Business Administration, English, Leadership, etc.)
Graduate Program Policy statement chan	ge:
(Mu	ust 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 Program Policy Document, highlighting the chan	e an electronic copy of the Graduate Iges 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: <u>http://www.ugs.udel.edu/gened/</u>

Identify other units affected by the proposed changes: "None"

#### **Describe the rationale for the proposed program change(s):**

Rubric for CSCC listed courses changed to ARSC.

#### **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:** (P

(Please do not remove supporting documentation.)

Program Director		Date
Dean of College		Date
Chairperson, College Curticulum Com	míttee	Date
Chairperson, Senate Com. on UG or Gl	R Studies	Date
Chairperson, Senate Coordinating Com	), <u></u>	Date
Secretary, Faculty Senate	NUMBERS	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 10/23/2007 /khs		