INDIANA UNIVERSITY
SOUTH BEND

CAMPUS ACADEMIC APPROVAL ROUTING SHEET: CURRICULUM CHANGE

Instructions: This form is intended for changes to existing programs. New programs requests should use the New Program Routing Sheet (NPRS). Please verify all information is complete and accurate, and all documentation and required signatures are included prior to submitting to Academic Senate Curriculum Committee. See the IU Academic Leadership Council (ALC) website for more information. For timelines, see the Academic Approval Matrix.

SECTION I: General Information

Date

Department/Program

College/School

Name of Individual Submitting Request

Faculty/Administrative Role

SECTION II: Program Information

Program Name:

Program Type

Degree	Major	Minor
Certificate	Concentration	Specialization
Alternative Credential (ex. Credit-bearing microcredential)*	Transcript Notation	Other

*Submission to Academic Senate Curriculum Committee only required for assessed and/or credit-bearing alternative credentials. For approval of non-assessed alternative credentials, please visit Teaching Online at IU. More information can be found here.

Program Format (Check *all* that apply)

On-Campus	Online	Hybrid
Collaborative	Shared	Dual/Joint/Blended
Accelerated		

SECTION III: Information about Requested Change

Provide a brief description of the change requested:

Indicate the desired start date for the changes. (Unless there is compelling need, changes cannot be implemented until the start of the next Bulletin year. Students enrolled in current programs must be able to finish their plans based on the Bulletin when they were admitted.)

Is this change the result of a mandate from an external entity with authority over the program, including accrediting bodies, or related to program review? If so, please explain.   Yes   No

Select the type of change requested. (Select *one* (1) from *either* Set or Set B

Set A: FYI   (For   Academic   Senate   Curriculum Committee Review & Questions - No Approval Needed)

Change degree plan course requirements

Change learning outcomes/ objectives/ competencies

Change clinical field requirements

Develop 4+1 or 3+2 Program or Other Accelerated Pathway from Existing Degrees- Please also complete this IU Form

--If selected: Total number of reduced/overlapping credit hours

Set B   Academic Senate Curriculum Committee Approval Required

PROGRAM CHANGES

Add or change delivery mode (online/hybrid/in-person)

Change or create dual/ joint/ blended program. (If creating new dual degree, use New Program Form.)

Change program name, title or credit hours. (If creating accelerated pathway for more than one existing degree, see Set A.)

Change program CIP (Classification of Instruction Program) Code

Merge, Consolidate, or Split program(s)

Reinstate Program

Addition to existing degree in same discipline

Add instructional location

Join existing IU Collaborative Program

SUSPENSIONS OR ELIMINATIONS

Suspend (Stop enrollment while plan for sustainability is developed)

How were faculty involved in the decision to suspend or eliminate?

Eliminate (Shut down program)

Decision was made at Department/Program level, following unit-level governance practices/policies

Check here to indicate Teach-Out Plan is included

REM policy and procedures were followed

Check here to indicate no students are currently enrolled. - Teach-Out Plan not needed

A copy of the REM Report is included

Date of REM Report

SECTION IV: Contingent Approvals & Notifications

This proposal has been reviewed and received contingent approval from the offices listed as needed below:

Check here to confirm approval from the Office of Online Education (OOE) (required for all online and collaborative programs, and that documentation of approval is attached

Check here to confirm approval from Education Abroad, and that documentation of approval is attached (required for programs that include any international activities. Click here for more details.)

Check here to indicate that no additional contingent approvals were necessary

The changes in this proposal are not expected impact general education, programs or program plans for programs/departments outside of the department/program initiating the request: True   False

If "False", have the proposed changes been discussed with impacted programs/departments?   Yes   No

Indicate anticipated impact on other programs, including the names of the programs and the result of the discussion:

Has the Advising Office been informed of the proposed change(s)?   Yes   No
Indicate concerns raised (if any) and plans to address:

Has the Schurz Library been consulted about additional resources necessary?   Yes   No

Name of Librarian Contacted   Date

What concerns/needs were raised, if any?

SECTION V: Additional Information for IU Review/Approval

Check here to indicate a complete version of the Academic Program Change Request Proposal (ALC Program Change Request Form) is included

SECTION VI: Signatures & Approvals

Signatures indicate approval at the levels indicated on the dates noted.

DEPARTMENT/PROGRAM

Chair/Director Coordinator   Date

SCHOOL/COLLEGE CURRICULUM COMMITTEE

Chair   Date

DEAN/DESIGNEE

Dean/Designee   Date

CAMPUS ACADEMIC SENATE CURRICULUM COMMITTEE

Chair   Date

ACADEMIC AFFAIRS

Executive Vice Chancellor for Academic Affairs/Designee   Date

Upon receipt of complete documentation and approvals, AA will submit to Registrar's Office and APPEAR for continued approval routing. New programs cannot be advertised or implemented until all official approval notifications have been received. Please consult the IU Academic Approval Matrix for additional information.