



UNIVERSITY OF WASHINGTON  
**CREATING AND CHANGING UNDERGRADUATE  
 ACADEMIC PROGRAMS**

<b>OFFICE USE ONLY</b>
Control # _____

After college/school/campus review, send a signed original and 1 copy to the Curriculum Office/FCAS, Box 355850.

For information about when and how to use this form: <http://depts.washington.edu/uwcr/1503instructions.pdf>

College/Campus	Department/Unit	Date
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**New Programs**

- Leading to a Bachelor of \_\_\_\_\_ in \_\_\_\_\_ degree.
- Leading to a Bachelor of \_\_\_\_\_ degree with a major in \_\_\_\_\_.
- Leading to a \_\_\_\_\_ Option within the existing major in \_\_\_\_\_.
- Leading to a minor in \_\_\_\_\_

**Changes to Existing Programs**

- New Admission Requirements for the Major in \_\_\_\_\_ within the Bachelor of \_\_\_\_\_.
- Revised Admission Requirements for the Major in \_\_\_\_\_ within the Bachelor of \_\_\_\_\_.
- Revised Program Requirements for the Major in \_\_\_\_\_ within the Bachelor of \_\_\_\_\_.
- Revised Requirements for the Option in \_\_\_\_\_ within the major in \_\_\_\_\_.
- Revised Requirements for the Minor in \_\_\_\_\_.

**Other Changes**

- Change name of program from \_\_\_\_\_ to \_\_\_\_\_.
- Change delivery method or location of program.
- New or Revised Continuation Policy or Honors Requirements for \_\_\_\_\_.
- Eliminate program in \_\_\_\_\_.

Proposed Effective Date: **Quarter:**  Autumn  Winter  Spring  Summer **Year: 20** \_\_

Contact Person:	Phone:	Email:	Box:
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**EXPLANATION OF AND RATIONALE FOR PROPOSED CHANGE**

For new program, please include any relevant supporting documentation such as student learning outcomes, projected enrollments, letters of support and departmental handouts. *(Use additional pages if necessary).*

**OTHER DEPARTMENTS AFFECTED**

List all departments/units/ or co-accredited programs affected by your new program or changes to your existing program and acquire the signature of the chair/director of each department/unit listed. Attach additional page(s) if necessary. \*See online instructions.

Department/Unit:	Chair/Program Director:	Date:
Department/Unit:	Chair/Program Director	Date:

**CATALOG COPY**

Catalog Copy as currently written. Include only sections/paragraphs that would be changed if your request is approved. Please cross out or otherwise highlight any deletions.

Empty space for catalog copy.

**PROPOSED CATALOG COPY**

Reflecting requested changes (Include exact wording as you wish it to be shown in the printed catalog. Please underline or otherwise highlight any additions. If needed, attach a separate, expanded version of the changes that might appear in department publications). **Please note:** all copy will be edited to reflect uniform style in the General Catalog.

Empty space for proposed catalog copy.

**APPROVALS**

Chair/Program Director:	Date:
College/School/Campus Curriculum Committee:	Date:
Dean/Vice Chancellor:	Date:
Faculty Council on Academic Standards/ General Faculty Organization/Faculty Assembly Chair:	Date:

**POST TRI-CAMPUS APPROVAL (when needed)**

Faculty Council on Academic Standards/ General Faculty Organization/Faculty Assembly Chair:	Date:
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