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|  | | | **Virginia State University Curriculum Form**   * **Request for a PROGRAM MODIFICATION WITH CONCENTRATION** | | | | | | | **Date of Submission:** | | Click or tap to enter a date. | | |
| *\*Course/curriculum change or addition originates with a faculty member or curriculum committee in the Academic Program.* | | | | | | | | | | | | | | |
| **College:** | Click or tap here to enter text. | | | | | | | **Dept. Initiating Request:** | | | Click or tap here to enter text. | | | |
| **Requestor’s Name:** | Click or tap here to enter text. | | | | | | | **Requestor’s Role:** | | | Click or tap here to enter text. | | | |
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| **Check One Option:** | | | | Curriculum Change   *(Modification to Degree or Certificate)* | | | | Revised Catalog Copy  *(New Learning Outcomes, Admissions/Program Policies, Narrative, etc.)* | | | | | | |
| **Program Level:** | | | | Undergraduate  Graduate | | | | | | | | | | |
| **Semester to be Effective:** | | | | Fall  Spring  Summer | | | | | | | | | | |
| **Year to be Effective:** | | | | Click or tap here to enter text. | | | | | | | | | | |
| **Academic Program Designation:** | | | | Click or tap here to enter text. | | | | | | | | | | |
| **Academic Program Name:** | | | | Click or tap here to enter text. | | | | | | | | | | |
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| **Current Delivery Format:**  Face-to-Face  Hybrid  Online | | | | | | **Proposed Delivery Format:**  Face-to-Face  Hybrid  Online | | | | | | | | |
| **Current Requirements** | | | | | | **Proposed Requirements** | | | | | | | | |
| **Current Total Credit Hours:**Click or tap here to enter text. | | | | | | **Proposed Total Credit Hours:**Click or tap here to enter text. | | | | | | | | |
| **Current Program Description:**  Click or tap here to enter text. | | | | | | **Proposed Program Description:**  Click or tap here to enter text. | | | | | | | | |
| **General Education Requirements** *(Undergraduate Degree Program Only)* | | | | | | **General Education Requirements**  *(Undergraduate Degree Program Only)* | | | | | | | | |
| **Course** | **Course Title** | | | | **Credit**  **Hours** | **Course** | | | **Course Title** | | | | | **Credit Hours** |
| *Ex. ENGL 110* | *Composition I* | | | | *3* | *Ex. ENGL 110* | | | *Composition I* | | | | | *3* |
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| **Core Courses** *(page 5 of* [*SCHEV Academic Program Approval Policy*](https://www.schev.edu/home/showpublisheddocument/2561/638036855743830000))  *Ex. ENGL 110, Composition I, 3 credits*  Click or tap here to enter text. | | | | | | **Core Courses** *(page 5 of* [*SCHEV Academic Program Approval Policy*](https://www.schev.edu/home/showpublisheddocument/2561/638036855743830000))  *Ex. ENGL 110, Composition I, 3 credits*  Click or tap here to enter text. | | | | | | | | |
| **Required Courses** *(additional courses beyond core courses that are required for degree completion)*  *Ex. ENGL 110, Composition I, 3 credits*  Click or tap here to enter text. | | | | | | **Required Courses** *(additional courses beyond core courses that are required for degree completion)*  *Ex. ENGL 110, Composition I, 3 credits*  Click or tap here to enter text. | | | | | | | | |
| **Restricted Electives** *(courses that are specific to the degree)*  *Ex. ENGL 110, Composition I, 3 credits*  Click or tap here to enter text. | | | | | | **Restricted Electives** *(courses that are specific to the degree)*  *Ex. ENGL 110, Composition I, 3 credits*  Click or tap here to enter text. | | | | | | | | |
| **Open Electives** *(courses that student can complete outside of their primary area of study)*  *Ex. ENGL 110, Composition I, 3 credits*  Click or tap here to enter text. | | | | | | **Open Electives** *(courses that student can complete outside of their primary area of study)*  *Ex. ENGL 110, Composition I, 3 credits*  Click or tap here to enter text. | | | | | | | | |
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| **Description of Program Learning Outcomes -** Use bullets to list outcomes. (max. 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Describe the plans for assessing program learning outcomes and program effectiveness.**  Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Describe the changes to the Admission Requirements** | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | |  | | | | | | | |
| **Request to add a Concentration**  A concentration is a set of courses that provides structured study in a focus area within the major. Concentrations require a **minimum of nine credits** in addition to the specified core requirements in the major. A concentration will appear on the student’s permanent record at the time of graduation. All courses in the concentration must be completed before graduation with a bachelor’s degree. | | | | | | | | | | | | | | |
| **Required Courses for the Concentration** | | | | | | |  | | | | | | | |
| **Course** | | **Course Title** | | | | | | | | | | | **Credit Hours** | |
| *Ex. ENGL 110* | | *Composition I* | | | | | | | | | | | *3* | |
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| **Description of concentration level – student learning outcomes -** Concentration-level outcomes are different from program level outcomes. Please identify a minimum of two student learning outcomes for the concentration. (max. 250 words)  Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Describe the plans for assessing concentration level – student learning outcomes.**  Click or tap here to enter text. | | | | | | | | | | | | | | |
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|  | **Virginia State University – Curriculum Approvals Form**   * **Request for a PROGRAM MODIFICATION WITH CONCENTRATION** | | | | | | |
| **Approvals:** | | | **Recommended** | **Not Recommended** | **Print / Signature:** | | **Date:** |
| SCHEV Liaison | | |  |  |  | |  |
|  | |
| Chair, Department | | |  |  |  | |  |
|  | |
| Chair, Department Curriculum Committee | | |  |  |  | |  |
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| Chair, College Curriculum Committee | | |  |  |  | |  |
|  | |
| Dean | | |  |  |  | |  |
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| Chair, Undergraduate Curriculum Committee | | |  |  |  | |  |
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| Chair, Graduate Curriculum Committee | | |  |  |  | |  |
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| Chair, Curriculum Affairs and Issues Committee | | |  |  |  | |  |
|  | |
| Chair, Faculty Senate | | |  |  |  | |  |
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| Provost, VP of Academic Affairs | | |  |  |  | |  |
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| Registrar | | |  |  |  | |  |
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| **\*Will this change impact another college/department?** | | | | | No  Yes *[select college & indicate department(s)]* | | |
| **College:** | | Choose an item. | | | **Department(s):** | Click or tap here to enter text. | |

Please consult with the Dr. Veronica Powell Shuford, SCHEV Liaison, before submitting the form to the Department Curriculum Committee for approval. Email the completed form signed by the Chair of the Department Curriculum Committee, Chair of the College Curriculum Committee, and Dean of the College to the appropriate curriculum committee.

Undergraduate Curriculum Committee: [ucc@vsu.edu](mailto:ucc@vsu.edu)

Graduate Curriculum Committee: [gcc@vsu.edu](mailto:gcc@vsu.edu)