**MERCY COLLEGE OF OHIO**

**Program Revision Proposal**

**Degree Program:**

**Proposed Change:**

**Effective Semester:**

**Credit hour change, if any:**

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| **Documentation**  |
| **Provide documentation, if necessary, to support this revision (as attachments if you wish.)** (May include similar programs at other institutions of higher learning, potential for transfer to other institutions of higher learning, or recommendations of accrediting bodies, review of literature, review of other College/University catalogs)  |
| **How are the general education requirements maintained?**  |
| **Please submit current and proposed Program of Study as attachments.** Include course credit hours and totals for credit hours.  |
| **Submitted by:**  | **Date:**  |

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| **Recommendation by Curriculum Committee:** **Comments:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature, Chair, Curriculum Committee**  |  | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

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| **Recommendation by Faculty Senate:** **Comments:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature, Chair, Faculty Senate**  |  | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

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| **Administrative Approval:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature, Vice President of Academic Affairs**  |  |  | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**This area is to be filled out by the Curriculum Committee.**

Final Disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Distribution:

* VPAA  Registrar  Submitter of Proposal

* Program Chair/Associate Dean  Academic Advisers Admissions