

Request for Approved Change
Michigan State University
Office of the Provost

Date: _____

1. Department/School/College: _____

2. Name of Program: _____
Curriculum and Major Code(s): _____

3. Name of Degree: _____

4. Type of Program: _____

Major _____

Online (Off-campus) _____

Online (On-campus) _____

Other _____

If other, please specify Type of Program: _____

If TE, *** Requires Michigan State Department of Education Approval: _____

5. Effective Start Semester: _____

To which students will the program be made available: _____

6. Target student audience for the program: _____

7. Enrollment:

What is the expected enrollment per year: _____

What is the minimum enrollment acceptable: _____

8. Source of budget for the program:

Internal reallocation _____

College reallocation _____

New funds _____

9. Projected costs as compared to other programs in unit:

Much higher _____

About the same _____

Much lower _____

10. Staff requirement:

How many additional staff will be required: _____

Indicate who will provide the primary instruction and the names of their departments/schools/colleges. Describe any external professional linkages (industry government, etc.) _____

11. Will additional equipment be required: No _____ Yes _____

Approximate cost: _____

Source of funding: _____

12. Will additional library materials be required: No _____ Yes _____

Approximate cost: _____

Source of funding: _____

13. Will additional space be required: No _____ Yes _____

Type: _____

Approximate amount _____

14. If the program requirements contain a named concentration, do you wish for the concentration to be noted on the student's transcript? Please indicate yes or no. This is done on a program basis, not student-by-student.

15. Detailed Description: _____

16. Are there admissions requirements for this program?:

Grade or grade-point average requirements and if so in which course(s), portfolio requirement, audition, essay, etc. If there are not admission requirements other than those required by the University policy indicate "none".

17. Type(s) of Change(s):

18. Students who will be affected by the proposed changes: _____

19. Will the proposed change(s) have a negative impact on students?

No _____ Yes _____

If yes, which students? _____

20. Reason(s) for change(s): _____
