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): __________________________________________________

____________________________________________________________________________

____________________________________________________________________________