University of Nebraska-Lincoln

Modification of Undergraduate Option

# I. Descriptive Information

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| --- |
| **Name of College Proposing Modification of Undergraduate Option** |
|  |
| **Name of Current Undergraduate Option** |
|  |
| **Associated Major of Current Undergraduate Option** |
|  |
| **Degree Currently Awarded to Graduates with Option** |
|  |
| **Currently Offered** |
| \_\_\_On-campus only \_\_\_Distance only \_\_\_Both (on-campus and distance) |
| **Other Options Offered in Associated Major** |
|  |
| **Name of Proposed Option** |
|  |
| **Associated Major of the Proposed Option** |
|  |
| **Degree to be Awarded to Graduates with Proposed Option** |
|  |
| **Other Programs Offered in this Field by Institution** |
|  |
| **CIP Code** *[IRADS can help with CIP codes or browse here:* [*http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55*](http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55)*]* |
|  |
| **Administrative Units for the Proposed Option** |
|  |
| **Proposed Delivery Site** |
|  |
| **Option will be Offered** *[Full program, not individual courses]* |
| \_\_\_On campus only \_\_\_Distance only \_\_\_Both (on campus & distance) |
| **Proposed Date the Modification will be Initiated:** |
| *[term/year]* |

# II. Details

1. **Description of the Proposed Modification**

*[Include the plan for implementation]*

1. **Justification of the Proposed Modification**

**! The following sections are only required for mergers/consolidation or other substantial modifications**

# III. Additional Details

1. **Purpose of the Proposed Option:**
2. **Description of the Proposed Option:**

*[Include the following:*

*The primary student learning outcomes of the proposed option.*

*Admission criteria and selection procedures for students seeking admission to the option.*

*The credit hour and course requirements, program of study, four-year plan, research and other academic requirements for students enrolled in the option.*

|  |  |
| --- | --- |
| *List specific required or elective courses in the option program.*  *Add lines as necessary.* | |
| Course Number | Option Credit  # Credit Hours |
|  |  |
|  |  |
| **Total** |  |

*How and when advisors are assigned for students in the option.*

*If applicable, national guidelines or accreditations for such programs, and how this option meets the established standards.]*

# IV. Review Criteria

1. **Evidence of Need and Demand**
2. *Need: [Address institution, community, region, state and nation. Evidence may include quantifiable and/or qualitative data regarding workforce needs, job and educational opportunities for graduates, potential for the program to contribute to society and economic development.]*
3. *Demand: [Include the extent of student interest in the proposed program. Evidence may include quantifiable and/or qualitative data regarding expected number of students to enroll in each of the first five years of operation, and minimum number of students required to make the program viable.]*
4. **Impact on Other Programs/Units**

*[What interactions will take place with other departments, units, and programs on all campuses? What participation will be required in terms of faculty from other programs? What steps have been taken to insure that the proposed option does not overlap with existing programs? Please include documentation as needed.]*

1. **Adequacy of Resources**

*[What resources are necessary to make this option viable? Are these resources available and, if not, how will they be obtained?]*

**!**

When submitting to the Office of the Executive Vice Chancellor, submit

* Memo from dean or VCIANR to EVC documenting college and department level approvals with original signatures, electronically
* Proposal form as a Word document, electronically
* Supporting documentation as a PDF, electronically
* All documents listed above, hard copies