

INSTRUCTIONS

University of Wisconsin Oshkosh

FORM C ACADEMIC PROGRAM ACTION ROUTING SHEET

For New or Revised Plan (Major/Minor/Emphasis/Option/Certification)
(Please Print on Pink Paper)

Check this box if you are creating a new major or degree program. UW System documentation is part of the entitlement process for these programs. New minors /emphases/options/certificate will not have UW System documentation.

NEW (Attach appropriate UW System documentation)

This section is for changes to existing programs. Check the "Revision" box and all other boxes that apply to the changes you are making to your program.

REVISION - Check all that apply

- Plan Title (include new 30 –character abbreviation)
- Units (credits)
- Required Course
- Elective
- Discontinuance of Academic Plan (attach a rationale statement which addresses changes which have occurred in Plan, faculty expertise, enrollment trends, availability of resources, and/or foci of the discipline)
- Other

Check this box if your program is undergraduate. Also check the small boxes that apply to your program and write in the name of the submajor for each box you have checked.

Undergraduate

- Plan (Major): _____
 - Emphasis within Major: _____
 - Option within Major Emphasis: _____
- Plan (Minor): _____
 - Emphasis within Minor: _____
 - Option Within Minor Emphasis: _____
- Professional Core (COB/CON/COEHS): _____

Check this box if your program is graduate. Also check the small boxes that apply to your program and write in the name of the program or option for each box you have checked.

Graduate

- Plan (Program): _____
- Option within Program: _____

Usually the effective date will be at least one term later than the current term.

Effective Date: Fall _____(Year)

Describe the new program or the change that is planned to an existing program. If necessary, attach a detailed document.

Type of Action Required

Give reasons the new program or change to existing program is necessary. If necessary, attach a detailed document.

Justification of Proposed Change

Check the appropriate boxes below. Classification I is a plan with significant implications for UW System resource requirements or for interinstitutional planning. Classification II is a plan with minimal implications for UW System resource requirements or for interinstitutional planning.

For a new undergraduate or graduate Plan or a change in an existing undergraduate or graduate plan, provide classification and funding source information.

Plan classification: I ___ II ___
Funding Source: New GPR ___ Extramural ___ Base Reallocation ___
Redeployment ___ Enrollment ___ No Change ___

Complete this section if the Form C is a change to an existing program. If you check "yes" be certain to provide an explanation and have the chair of the impacted existing plan sign in addition to your chair on the "Department Chair(s)" line below.

Does this change or impact the requirements for the existing Plan (Major/Minor/Emphasis/Option/Certification)?

No Yes- Please explain:

Complete this section if the Form C is a change to an existing program. If you check "yes" be certain to provide a list of the outside units and have the head of each unit sign along with your department chair on the approval lines at the end of this form.

If change impacts a Plan (Major/Minor/Emphasis/Option/Certification) outside the initiating unit, have these units been contacted?

No Yes- Please list:

The Form C will not be sent for review/approval to the Faculty Senate Academic Policy Committee (APC) without the Registrar's signature in the following box. It is a good idea to get the Registrar's signature early in the process.

Prior to the initiation of the approval process, please contact the Registrar's office at 3007 for consultation about possible impact of proposed changes.

Registrar: _____ **Date:** _____

For a new Plan, or change in an existing Plan, approval signatures indicate no duplication of other plans at the university and consultation with other deans as appropriate. For discontinuance of an academic plan, consultation with other relevant deans is necessary.

If you are uncertain which signatures are required for college approval, contact staff in your dean's office.

IMPORTANT: ALL SIGNERS MUST ALSO PRINT OR TYPE THEIR NAMES.

APPROVALS(Please sign and also print or type name.)

Department Chair(s): _____ Date: _____

Division Chair: _____ Date: _____

Curriculum Committee: _____ Date: _____

Dean/College: _____ Date: _____

Graduate Studies: _____ Date: _____

APGES Committee Chair (if applicable): _____ Date: _____

APC Committee Chair: _____ Date: _____

Provost and Vice Chancellor: _____ Date: _____

Chancellor: _____ Date: _____

