Office of Academic Programs • WH 440 • (310) 243-3308

# REQUEST TO ELEVATE CONCENTRATION or OPTION to FULL DEGREE PROGRAM

|  |  |  |  |
| --- | --- | --- | --- |
| **Department:** | | **Extension:** | **College:** |
| **1. Name of Current Degree Program:** | | | |
| **2. Name of Concentration/Option:** | | | |
| **3. Proposed New Degree Program:** Undergraduate | Graduate | | |
| **4. Proposed Effective date for Change** (semester & year): | | | |

**Please consult the CSU Policy for Elevating Options and Concentrations to Full Degree Programs (**[**http://www.calstate.edu/app/documents/elevatingoptions.pdf**](http://www.calstate.edu/app/documents/elevatingoptions.pdf)**) prior to completing your request.**

1. **Complete “Elevating Options or Concentrations to a Full Degree Program” Template,** [**http://www.calstate.edu/app/documents/elevatingoptions.docx**](http://www.calstate.edu/app/documents/elevatingoptions.docx)**.** (please answer on separate sheet and attach)
2. **Indicate all resources required. Please specify resources and justify, including but not limited to: faculty, equipment, space, library holdings, etc.** (please answer on separate sheet and attach)
3. **Will the proposed modification include a change in program modality and/or change in location?** (please attach)
4. **Attach responses for (a), (b), (c), and (d).** (please answer on separate sheet and attach)
5. Does this proposal affect another department(s)?  Yes  No. If yes, when was the department(s) notified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) Please attach copies of the notification and any responses received.
6. Does the proposal meet the requirements for “similar” to Community College TMC?
7. Forms for any new, modified or deleted courses.
8. Course utilization summary.
9. For Undergraduate Programs attach revised Roadmaps (4-year / 2-year).

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| **SIGNATURES.** When proposal has been reviewed, sign, and date in the space below and forward to the next reviewing authority. Please sign on dotted line. **Attach comments and/or recommendations.** | | | |
| **1.** |  |  |  |
| **Proposal Originator (print)** |  | **Signature** | **Date** |
| **2.** |  |  |  |
| **Department Chair/Program Head (print)** |  | **Signature** | **Date** |
| **3.** |  |  |  |
| **Dept CC Chair/ Program Faculty Designee (print)** |  | **Signature** | **Date** |
| **4.** |  |  |  |
| **College Curriculum Committee Chair (print)** |  | **Signature** | **Date** |
| **5.** |  |  |  |
| **University Curriculum Committee Chair (print)** |  | **Signature** | **Date** |
| **6.** |  |  |  |
| **Provost/VPAA (print)** |  | **Signature** | **Date** |
|  |  |  |  |
| **7. President (print)** |  | **Signature** | **Date** |

Rev12/01/2016th