

These top fields will be completed by the SGOCE office. Academic Year *23-24 SGOCE #: *26

Graduate Program Change Proposal

Form Procedure

To share the form with others prior to Submitting choose the Save Progress option at the bottom.

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To access the saved form for editing or to finalize submission visit <u>forms.fitchburgstate.edu</u> to log in and view your Pending/Drafts under My Forms.

| | mittee Information | |
|--|---|---------------------------|
| The main contact person for | the Graduate Curriculum Committee should fill out this form. | |
| Requestor Name: | Becky Copper Glenz | |
| Members of the Graduate Curriculum Committee: | ^ ~ | |
| Department / Unit Developin | ng: *Education | |
| Department Chair: | * Dr. Lyndsey Benharris * Ibenharr@fitchburgstate.edu | |
| Academic Dean : | Dr. Nancy Murray nmurray5@fitchburgstate.edu | |
| Program Chair | The Program Chair for this request is among the people listed above. * • Yes No | |
| Program Informat | ion | |
| This proposal refers to a (ch | eck all that apply): Certificate Program Teacher Licensure Program Degree Program | |
| Does the program run on a | , , , , | |
| | € No | |
| Briefly describe program cha | nge to the existing program as it will appear in university catalog: | |
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| The current CAGS IDIS pro | grams will change to Ed.S. programs |] |
| | grams will change to Ed.S. programs ment/staffing plan (i.e., Who/how many will program serve?) |] |
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| Department Chair Approval: Date | | SGOCE Dean Signature: | Date | |
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| raduate Council ne Graduate Council Chair Signature indicates scussed this proposal and has decided it sho | that the Council has uld move forward. | | | |
| and the control of th | | Graduate Council Chair Signature | Date | |
| | | Notifications | | |
| pproval of the President | Date | SGOCE Dean Initials | Date | |
| | | | | |
| | | Reviewed by the Registrar: | Date | |
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