**PROGRAM IN WHICH NEW SPECIALIZATION IS PROPOSED**

**LEVEL OF SPECIALIZATION:** [ ]  **Undergraduate (fewer than 24 credits)**

[ ]  **Master’s (fewer than 12 credits)**

[ ]  **Doctoral (fewer than 18 credits)**

**NAME OF SPECIALIZATION:**

**PROGRAM SPECIALIZATION FALLS UNDER:**

**RATIONALE AND OVERVIEW OF SPECIALIZATION REQUIREMENTS:** List courses (new and current) and admission requirements and explain how it fits into the program’s goals, meets market demands and strategic plan goals, etc.

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| --- | --- |
| **IMPACT REVIEW** SIGNATURES (see procedures for authorized signers) |  DATE |
| Library [ ]  No impact [ ]  Impact statement attached | Director or designee:  |  |
| OTS [ ]  No impact [ ]  Impact statement attached | CIO or designee: |  |
| Admissions[ ]  No impact [ ]  Impact statement attached | Director or designee: |  |
| Records[ ]  No impact [ ]  Impact statement attached | Registrar or designee: |  |

|  |  |
| --- | --- |
| **APPROVAL SEQUENCE** APPROVAL SIGNATURES | DATE |
| 1. Department / Division  |   |  |
| 2. Final faculty review body within each  School/ College |  |  |
| 3. College Dean or Designee |  |  |
| 4. Provost or Designee |  |  |