

Request for Approved Change  
Michigan State University  
Office of the Provost

Date: \_\_\_\_\_

1. Department/School/College: \_\_\_\_\_

2. Name of Program: \_\_\_\_\_  
Curriculum and Major Code(s): \_\_\_\_\_

3. Name of Degree: \_\_\_\_\_

4. Type of Program: \_\_\_\_\_

Major \_\_\_\_\_

Online (Off-campus) \_\_\_\_\_

Online (On-campus) \_\_\_\_\_

Other \_\_\_\_\_

If other, please specify Type of Program: \_\_\_\_\_

\_\_\_\_\_

If TE, \*\*\* Requires Michigan State Department of Education Approval: \_\_\_\_\_

5. Effective Start Semester: \_\_\_\_\_

To which students will the program be made available: \_\_\_\_\_

\_\_\_\_\_

6. Target student audience for the program: \_\_\_\_\_

\_\_\_\_\_

7. Enrollment:

What is the expected enrollment per year: \_\_\_\_\_

What is the minimum enrollment acceptable: \_\_\_\_\_

8. Source of budget for the program:

Internal reallocation \_\_\_\_\_

College reallocation \_\_\_\_\_

New funds \_\_\_\_\_

9. Projected costs as compared to other programs in unit:

Much higher \_\_\_\_\_

About the same \_\_\_\_\_

Much lower \_\_\_\_\_

10. Staff requirement:

How many additional staff will be required: \_\_\_\_\_

Indicate who will provide the primary instruction and the names of their departments/schools/colleges. Describe any external professional linkages (industry government, etc.) \_\_\_\_\_

\_\_\_\_\_

11. Will additional equipment be required: No \_\_\_\_\_ Yes \_\_\_\_\_

Approximate cost: \_\_\_\_\_

Source of funding: \_\_\_\_\_

\_\_\_\_\_

12. Will additional library materials be required: No \_\_\_\_\_ Yes \_\_\_\_\_

Approximate cost: \_\_\_\_\_

Source of funding: \_\_\_\_\_

\_\_\_\_\_

13. Will additional space be required: No \_\_\_\_\_ Yes \_\_\_\_\_

Type: \_\_\_\_\_

Approximate amount \_\_\_\_\_

14. If the program requirements contain a named concentration, do you wish for the concentration to be noted on the student's transcript? Please indicate yes or no. This is done on a program basis, not student-by-student.

15. Detailed Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Type(s) of Change(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Students who will be affected by the proposed changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Will the proposed change(s) have a negative impact on students?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, which students? \_\_\_\_\_

\_\_\_\_\_

19. Reason(s) for change(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_