**Proposal to Change Degree Type**

**(e.g., Arts to Science)**

**DEANS:** Send this completed proposal in Word version electronically to the Office of the Provost: [**provost.deg.changes@wsu.edu**](mailto:provost.deg.changes@wsu.edu)

|  |  |
| --- | --- |
| Current Degree Title: |  |
| Proposed Degree Title: |  |
| Academic Program: |  |
| Academic Plan: |  |
| Number of Credits: |  |
| Department(s) or Program(s): |  |
| College(s): |  |
| Campus(es) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name: |  | Email Address: |  | |
| Contact Phone |  | Proposed effective date: | |  |

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| --- |
| **Rationale for changing degree type**. Include evidence of employer demand, accreditation requirements, or other factors driving the change. |
|  |
| **Changes to the curriculum involved in changing the degree type**. Attach old and new curricula. Be sure to prepare separate major curricular change forms (new curriculum and degree name; discontinue old degree name, if relevant): |
|  |
| **Responses of current faculty and staff on affected campus(es):** |
|  |
| **Impact on or responses of other degree programs, departments, colleges or campuses**. If no impact, explain how this conclusion was arrived at and who was consulted: |
|  |
| **Impact on or responses of other stake holders (e.g., advisory or alumni groups):** |
|  |

**SIGNATURES: The names typed below certify that the relevant academic and campus officials have reviewed and approved this proposal:**

|  |  |  |  |
| --- | --- | --- | --- |
| Chair Signature: |  | Date: |  |
|  | | | |
| Dean Signature: |  | Date: |  |
|  | | | |
| VP Global Campus |  | Date: |  |
| → Submit to the Provosts Office at <provost.deg.changes@wsu.edu> | | | |
| Everett Chancellor |  | Date: |  |
|  |  |  |  |
| Spokane Chancellor |  | Date: |  |
|  | | | |
| Tri-Cities VCAA |  | Date: |  |
|  |  |  |  |
| Vancouver VCAA |  | Date |  |
|  | | | |
| Provost Office: |  | Date: |  |

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| --- |
| Comments: |
|  |

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| --- | --- | --- | --- | --- | --- |
| For Registrar’s Office Use Only: | | | | | |
| Current CIP Code: |  | New CIP Code: |  | Date: |  |

Send completed form in Word version to: provost.deg.changes@wsu.edu