This template is to be used to propose a new concentration combination to an existing accelerated program. The proposal template should be completed in full and submitted to the Graduate Program Services office in the Graduate College [mailto: curriculumplanning@asu.edu]. Accelerated programs **may not** be advertised, or be included in the list of offerings, until approval from the Graduate College is received.

Note that this form is only to add an additional concentration combination to an existing accelerated program. Guidelines, policies and requirements from the original proposal still apply.

**Original Accelerated Program Information**

|  |  |
| --- | --- |
| **Bachelor’s Degree:**       | **Master’s Degree:**       |
| **Plan Code:**       | **Plan Code:**       |
| **College/School/Institute:**  | **College/School/Institute:**  |
| **Department/Division/School:**       | **Department/Division/School:**       |

*.*

|  |
| --- |
| **Proposal Contact (Bachelor’s Degree)** |
| **Name:** |       | **Title:** |       |
| **Phone number:** |       | **Email:** |       |
| **ACADEMIC UNIT APPROVAL** |
| This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation. |
| **Academic Unit Chair/Director name:** |       |
| **Signature:**  |  | **Date:** |   /  /20   |
| **DEAN APPROVAL** |
| This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation. |
| **College/School/Division Dean name:** |       |
| **Signature:**  |  | **Date:** |   /  /20   |  |

|  |
| --- |
| **Proposal Contact (Master’s Degree)** |
| **Name:** |       | **Title:** |       |
| **Phone number:** |       | **Email:** |       |
| **ACADEMIC UNIT APPROVAL** |
| This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation. |
| **Academic Unit Chair/Director name:** |       |
| **Signature:**  |  | **Date:** |   /  /20   |
| **DEAN APPROVAL** |
| This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation. |
| **College/School/Division Dean name:** |       |
| **Signature:**  |  | **Date:** |   /  /20   |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Graduate College(**final approval**) |  | Date: |   /  /20   |

**New Accelerated Combination with Concentration Information**

*If you need to add additional concentration combinations with this request, please contact* *amanda.morales-calderon@asu.edu* *and* *erin.froncek@asu.edu**.*

|  |
| --- |
| **Bachelor’s Degree Information:**  |
| **Name of degree program (major/concentration):** | Major (Concentration) |
| **Plan code:** |       |
| **Delivery method:** |  |
| **Campus/Locations:** Indicate all locations where this program is currently offered. |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Downtown Phoenix | [ ]  | [Polytechnic](http://www.asu.edu/colleges/polytechnic.html) | [ ]  | [Tempe](http://www.asu.edu/colleges/tempe.html) | [ ]  | Thunderbird | [ ]  | [West](http://www.asu.edu/colleges/west.html) | [ ]  | Online | Other: |       |

 |

|  |
| --- |
| **Master’s Degree Information:** |
| **Name of degree program (major/concentration):** | Major (Concentration) |
| **Plan code:** |       |
| **Delivery method:** |  |
| **Campus/Locations:** Indicate all locations where this program is currently offered. |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Downtown Phoenix | [ ]  | [Polytechnic](http://www.asu.edu/colleges/polytechnic.html) | [ ]  | [Tempe](http://www.asu.edu/colleges/tempe.html) | [ ]  | Thunderbird | [ ]  | [West](http://www.asu.edu/colleges/west.html) | [ ]  | Online | Other: |       |

 |

*Note: Students must be in the ground to ground or online to online delivery options. Once students elect a campus or online option, students will not be able to move between the on-campus and the ASU Online options. Approval from the Office of the University Provost and* [*Philip Regier*](https://webapp4.asu.edu/directory/person/10868) *(Executive Vice Provost and Dean) is required to offer programs through ASU Online.*

**Sample Timeline for [Bachelor's/Master's] Accelerated Program**

*Note that not all term tables below may be necessary depending on individual programs. If you need to expand or delete a term table, please contact* *amanda.morales-calderon@asu.edu* *and* *erin.froncek@asu.edu**.*

**Term 7 of undergraduate program**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  | **Total:** |       |

**Term 8 of undergraduate program**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  | **Total:** |       |

**Term 1 of graduate program**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  | **Total:** |       |

**Term 2 of graduate program**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  | **Total:** |       |

**Term 3 of graduate program (if necessary)**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  | **Total:** |       |