**College/School(s) offering this program:**

**Unit(s) within college/school responsible for program:**

**Name of the graduate program for which the requirements are to be changed. Please include the certificate name or applicable degree type and major: *(such as MA or MS in Sustainability)*:**

**If applicable, concentration name(s) for which the change is requested:**

*Note: if this is a core coursework change, all concentrations need to be included.*

**List all plan code(s) for which this change is applicable:**

**Proposed effective semester/year:**

**Information will be added to student handbook/notify impacted students**; Y  N

**Changes apply to:**  New Students Only  New Students/Optional for Existing Students

**PROPOSAL CONTACT INFORMATION**

(Person to contact regarding this proposal)

|  |  |
| --- | --- |
| **Name:** | **Title:** |
| **Phone:** | **email:** |

PLEASE COMPLETE **ONLY** THE SECTIONS FOR WHICH A CHANGE IS REQUESTED. LEAVE ALL OTHER SECTIONS BLANK IF NO CHANGE IS REQUESTED FOR ANY OF THE OTHER INDIVIDUAL PROGRAM REQUIREMENTS THAT ARE PROVIDED**.** IF THE CHANGE THE UNIT IS REQUESTING IS NOT LISTED IN THIS PROPOSAL TEMPLATE, PLEASE CONTACT [AMANDA.MORALES-CALDERON@ASU.EDU](mailto:AMANDA.MORALES-CALDERON@ASU.EDU) AND [ERIN.FRONCEK@ASU.EDU](mailto:ERIN.FRONCEK@ASU.EDU) FOR ADDITIONAL INFORMATION.

**LOCATION WHERE PROGRAM IS OFFERED:**

**To select desired box**, place cursor on the left side of the box, right click mouse, select ***Properties***, under ***Default Value*** select ***Checked***, press ***OK*** and the desired box will be checked

**Current Campus(es)** where program is offered:   Downtown  Tempe

Online  West

Polytechnic

**Change Campus(es)** where program is offered to:  Downtown  Tempe

Online  West

Polytechnic

**PROGRAM REQUIREMENTS:**

**I*.* Total credit hours required for the program.** (Please note: this change will be applicable to all concentrations (if any) and plan codes under this graduate program)

**Current Requirement:**

**Change Current Requirement To:**

**II. Core Course Requirement:**

**Current Requirement:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course prefix & number** | **Course title** | **Credit hours** | **New course?** |
|  |  |  | Y  N |
|  |  |  | Y  N |
|  |  |  | Y  N |
|  |  |  | Y  N |

(Please expand table as needed. Right click in white space of last cell. Select “Insert Rows Below”)

**Change Requirement To:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course prefix & number** | **Course title** | **Credit hours** | **New course?** |
|  |  |  | Y  N |
|  |  |  | Y  N |
|  |  |  | Y  N |
|  |  |  | Y  N |

(Please expand table as needed. Right click in white space of last cell. Select “Insert Rows Below”)

**III. 400-Level Courses -** No more than **six** credit hours of 400-level coursework can be included on a graduate student plan of study.

**Current Requirement:**

* + - 1. Are 400-level ASU courses allowed on a student plan of study for this graduate program?  Yes  No
      2. If yes, how many credit hours?

**Change Current Requirement To:**

1. Are 400-level ASU courses allowed on a student plan of study for this graduate program?  Yes  No
2. If yes, how many credit hours?

**IV. Culminating experience -** (please check all that apply and provide requested information):

**Current Requirement:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Please select all applicable options** | **Brief description of the applied project or the capstone course, as applicable** | **Course prefix** | **Course number** | **Credit hours** |
| **Thesis**  **(master’s only)** |  |  |  | 599 | 6 credit hours |
| **Applied Project (master’s only)** |  |  |  | 593 |  |
| **Capstone course**  **(master’s only)** |  |  |  |  |  |
| **Master’s Portfolio** |  |  | N/A | N/A | N/A |
| **Master’s written comprehensive exam** (If oral exam is included, add in description) |  |  | N/A | N/A | N/A |

**Change Current Requirement To:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Please select all applicable options** | **Brief description of the applied project or the capstone course, as applicable** | **Course prefix** | **Course number** | **Credit hours** |
| **Thesis**  **(master’s only)** |  |  |  | 599 | 6 credit hours |
| **Applied Project (master’s only)** |  |  |  | 593 |  |
| **Capstone course**  **(master’s only)** |  |  |  |  |  |
| **Master’s Portfolio** |  |  | N/A | N/A | N/A |
| **Master’s written comprehensive exam** (If oral exam is included, add in description) |  |  | N/A | N/A | N/A |

**Please note: If you are eliminating a culminating experience that has a credit hour requirement, will the applicable credit hours now be elective coursework hours?**  Yes or  No

**If the answer is no, please outline how these credit hours will now be utilized.**

**V. Additional master’s program comprehensive exams - please check all that apply.**

Add master’s comprehensive exam as an additional requirement.

Eliminate master’s comprehensive exam as a requirement.

**As applicable, change the components of the master’s or doctoral comprehensive exam:**

**Please note:** Per Graduate College policy:

**1)** The doctoral comprehensive exam must have a written component; however, individual doctoral programs ***may*** require an additional subsequent oral component of the comprehensive exam for all of their students based on the academic progress policy of the program.

**2)** When an academic unit requires a master’s comprehensive exam, a written component of the exam is required; however, individual master’s programs ***may*** require an additional subsequent oral component of the comprehensive exam for all of their students based on the academic progress policy of the program.

Add oral component for the master’s comprehensive exam as a requirement.

Add oral component for the doctoral comprehensive exam as a requirement.

Delete oral component for the master’s comprehensive exam as a requirement.

Delete oral component for the doctoral comprehensive exam as a requirement.

**VI. For Doctoral Degrees, indicate the Master’s Degree Credit Allowance:**

**Current Requirement:**

If approved by the student’s supervisory committee, does the program allow up to 30 credit hours from a previously awarded master’s degree to count towards the degree requirements for this doctoral program? Yes or No

**Change Current Requirement To:**

If approved by the student’s supervisory committee, does the program allow up to 30 credit hours from a previously awarded master’s degree to count towards the degree requirements for this doctoral program? Yes or No

**VII. Supervisory Committee:** Required Number of Committee Members (must be at least **three** for thesis or dissertation including chair or co-chairs) *If multiple culminating experiences, please specify number for each culminating experience type*:

**Current Requirement:**

**Change Current Requirement To:**

**VIII. Foreign Language Exam as a Curriculum Requirement**

**Current Requirement:**

Foreign Language Examination(s) required? Yes No

If yes, list all foreign languages required:      

**Change Current Requirement To:**

Foreign Language Examination(s) required? Yes No

If yes, list all foreign languages required:

Submit the completed and signed (chairs or directors, unit deans) proposal to the **Graduate Program Services** office. Mail code 1003 and electronic copies to [curriculumplanning@asu.edu](mailto:curriculumplanning@asu.edu).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Approvals** *(if the proposal submission involves multiple units, please include letters of support from those units)* | | | | | |
|  | CHAIR OR DIRECTOR  (Please print or type) |  |  | | |
|  | |  |  |  |
| SIGNATURE | | DATE |
|  |  | |  | | |
|  | DEAN (Please print or type) |  |  | | |
|  | |  |  |  |
| SIGNATURE | | DATE |
|  |  | |  | | |

Graduate Program Services in the Graduate College will submit the proposal to the Dean of the Graduate College for the final approval signature. GF0612D-90

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | DEAN OF Graduate COLLEGE |  | | |
|  |  |  |  |  |
| SIGNATURE | DATE |
|  |  |  | | |