**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 AND 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.

|  |
| --- |
| **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 |
|  |  |  |