This template is to be used to propose a new concentration combination to an existing concurrent 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](mailto:curriculumplanning@asu.edu)]. Concurrent 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 concurrent program. Guidelines, policies and requirements from the original proposal still apply.

**Original Concurrent Program Information**

|  |  |
| --- | --- |
| **Degree 1:**  **(Primary\*)** | **Degree 2:** |
| **Plan Code:** | **Plan Code:** |
| **College/School/Institute:** | **College/School/Institute:** |
| **Department/Division/School:** | **Department/Division/School:** |

*\*The primary program was established in the original proposal and will maintain the supplemental application. Please work with the contact of program 2 on what will be agreed upon for the supplemental application.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposal Contact (Degree 1)** | | | | | | | | | | |
| **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 (Degree 2)** | | | | | | |
| **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 | |

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| **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 |

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**New Concurrent Combination with Concentration Information**

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

|  |  |
| --- | --- |
| **Program 1 Information:** | |
| **Name of degree program (major/concentration):** | Major (Concentration) |
| **Plan code:** |  |
| **Delivery method:** |  |
| **Program 2 Information:** | |
| **Name of degree program (major/concentration):** | Major (Concentration) |
| **Plan code:** |  |
| **Delivery method:** |  |

|  |
| --- |
| **Application review terms and campus/location:** |
| Indicate all locations where the concurrent program will be offered. Note that applications for the graduate programs need to be opened for each campus listed. Session B is for online programs only. |
| |  |  |  |  | | --- | --- | --- | --- | | **Terms** | **Years** | **Campus/Location** | **University Late Fee Deadline** | | Fall (regular)  Session B | (year):  (year): |  | July 1st  October 1st | | Spring (regular)  Session B | (year):  (year): |  | December 1st  February 8th | | Summer (regular)  Summer B | (year):  (year): |  | May 14th  May 14th | |

**Sample Timeline for [Program 1/Program 2] Concurrent 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*](mailto:amanda.morales-calderon@asu.edu) *and* [*erin.froncek@asu.edu*](mailto:erin.froncek@asu.edu)*.*

**Term 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** | **Indicate program:** | |
| **Prog 1** | **Prog 2** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Total:** |  |  | |

**Term 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** | **Indicate program:** | |
| **Prog 1** | **Prog 2** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  | **Total:** |  |  | |

**Term 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** | **Indicate program:** | |
| **Prog 1** | **Prog 2** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  | **Total:** |  |  | |

**Term 4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** | **Indicate program:** | |
| **Prog 1** | **Prog 2** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  | **Total:** |  |  | |

**Term 5**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** | **Indicate program:** | |
| **Prog 1** | **Prog 2** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  | **Total:** |  |  | |

**Term 6**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Course Title** | **Credit hours** | **Indicate program:** | |
| **Prog 1** | **Prog 2** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Total:** |  |  | |