



COASTAL CAROLINA  
UNIVERSITY

Office of the Provost

# Request for Addition of or Change in *(check one)*

Degree Program       Concentration

## GRADUATE LEVEL

*All sections below must be completed.*

Submitted by the Department of \_\_\_\_\_ in the College of \_\_\_\_\_

Change in *(check all that apply)*:

- Prerequisites
- Entrance requirements
- Required courses
- Deletion of course(s)
- Other *(Specify)* e.g., request for new degree program \_\_\_\_\_

If listed in current University Catalog, attach a copy of current requirement/description.

Suggested change or addition \_\_\_\_\_

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Rationale for request \_\_\_\_\_

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New requirement/description \_\_\_\_\_

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List any additional equipment, space, library materials or funds needed for proposed change or addition (or indicate "none" if appropriate.)

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- Proper authorization signatures must be obtained before this form can be submitted to the Graduate Council. *(See back of page.)*
- Requestor must send eleven (11) copies of this request and of the proposed addition of or change in a degree program or concentration to the chair of the Graduate Council no later than one week prior to the Council meeting. (In cases of proposals for new degree programs, eleven (11) copies of the degree proposal that has been developed for submission to the Commission on Higher Education should be submitted.)

# Authorized signatures

► **Reviewed by submitting department(s)**

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
Signature of department chair

► **Reviewed by related department(s)** (A review by a related department(s) is expected if the proposed change represents a cross-listed course, a course or similar course already offered in another department, or a program change that could impact a course, e.g., enrollment, student readiness, offered in another department.)

**FIRST DEPARTMENT**

\_\_\_\_\_  
Date reviewed

\_\_\_\_\_  
Signature of department chair

Comment: \_\_\_\_\_  
\_\_\_\_\_

**SECOND DEPARTMENT** (*if applicable*)

\_\_\_\_\_  
Date reviewed

\_\_\_\_\_  
Signature of department chair

Comment: \_\_\_\_\_  
\_\_\_\_\_

► **This course has been approved by a majority of the faculty in the College of** \_\_\_\_\_

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
Signature of dean

► **This course has been approved by the Graduate Council.**

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
Signature of chair, Graduate Council

► **This course has been approved by the Provost.**

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
Signature of Provost