

**New Option Proposal**

**ACADEMIC**

**PROGRAMS**

**NEW**

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| --- |
| **ESTABLISHING AN OPTION**  |
|  **An option is a degree program emphasis area that appears on the transcript. Options are subjected to UM System and MDHE approval.****After approvals/signatures have been obtained at the academic unit level, completed proposal should be forwarded to the Provost’s Office. Upon receipt, the proposal is submitted to the chair of the Undergraduate Curriculum Committee for review.** |
| **ACADEMIC UNIT** | **DEPARTMENT NAME** |
|  |  |
| **PROPOSED OPTION NAME** | **EFFECTIVE CATALOG CYCLE** |
|  |  |
| **BEFORE THE PROPOSED CHANGE** | **AFTER THE PROPOSED CHANGE** |
| **Title of Old Program** | **Degree** | **CIP Code** | **Title of New Program** | **Degree** | **CIP Code** |
|  |  |  |  |  |  |
| **PURPOSE/RATIONALE** |
|  |
| **CURRICULUM** |
| 1. **Intended student learning outcomes and aligned instructional and assessment activities**
 |
| *Insert top 3-5 measurable learning outcomes, and for each outcome describe how it will be assessed (e.g., through rubrics, analysis of specific test questions, etc.).* |
|  |
| 1. **Coursework**
 |
| *List required courses, elective courses, and educational experiences that define the program.* |
|  |
| 1. **Parent Program Coursework**
 |
| *List all required courses, elective courses, and educational experiences included in the existing parent program.* |
|  |
|  |
| **COMPLETED BY** |
| **Contact Name:** |  | **Title:** |  |
| **Email Address:** |  | **Phone:** |  |
| **APPROVALS** |
| **Department/Program Chair/Director:** |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Academic Unit Curriculum Committee Chair:** |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Academic Unit Dean:** |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Undergraduate Curriculum Committee Chair:***(Undergraduate Programs Only)* |  |  |  |
|  | *Gayle Levy* |  | Date |
|  |  |  |  |
| **Graduate Council:***(Graduate & Professional Programs Only)* |  |  |  |
|  | *Denis Medeiros* |  | Date |
|  |  |  |  |
| **Academic Affairs/Deputy Provost:** |  |  |  |
| *(After Dean’s Council Review)* | *Cynthia L. Pemberton* |  | Date |
|  |  |  |  |
| **Transmitted to UM System:** |  |  |  |
|  |  |  | Date |

Submit form electronically to Nancy Hoover (hoovern@umkc.edu).