**Great Falls College MSU**

**Curriculum Council**

**Program Modification Form**

**Division:**

**Department**:

**Current Program**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Program**  **Modification(s)**: | Adjustments to program outcomes. | Change of instructional modality. | Changing sequencing of courses within the program (including prerequisites). *This could require Course Modification if it is a new course to the campus or Course Notification form for term changes.* |
| ***Mark all that apply.*** | Adding course(s) to the program.  *This could require Course Modification form if it is a new course to the campus.* | Deleting course(s) from the program. | Changing credits by term or total program credits |
|  | Change program CIP Code **NO VOTE** | Re-titling program **NO VOTE** | Changing degree type (AA, AS, AAS, ASN, CAS, CTS, etc.) |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Effective Date (semester and year)**:       20

(Defaults to Summer of next catalog year unless other semester/year is listed above.)

**Rationale of Change(s) (Bullet list is preferred and please attach additional pages as needed.):**

*Please include specific needs of students, industry, jobs, etc.*

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you updating program outcomes?** | Yes | No | Not Applicable |

If yes, please attach separate document(s) with CURRENT program outcomes and PROPOSED outcomes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you changing instructional modality?** | Yes | No | Not Applicable |

(BOR is reviewing instructional modalities – details will be added when approved)

CURRENT instructional modality:       Proposed instructional modality:

If yes, please explain

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you adding course(s), deleting course(s), changing sequencing of courses in the program, and/or changing term credits or total program credits?** | Yes | No | Not Applicable |

If yes, please attach separate document(s) with CURRENT program coursework printed from the catalog & attach the PROPOSED program coursework.

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you changing the CIP code?** | Yes | No | Not Applicable |

CURRENT CIP code:       Proposed CIP code:

If yes, please explain:

|  |
| --- |
|  |

Current CIP codes (effective May 2024) are attached as the last page of this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you re-titling the program?** | Yes | No | Not Applicable |

CURRENT Title:       Proposed Title:

If yes, please explain:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you changing the degree type?** | Yes | No | Not Applicable |

(Ex: AA, AS, AAS, ASN, CAS, CTS)

CURRENT degree type:       PROPOSED degree type:

If yes, please explain:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Any other changes NOT listed above?** | Yes | No | Not Applicable |

If yes, please explain.

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Advisory Board approval/feedback needed?** | Yes | No | Not Applicable |

If yes, attach a copy of appropriate meeting notes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Programmatic accreditation affected?** | Yes | No | Not Applicable |

If yes, please explain:

|  |
| --- |
|  |

**Resources Required:** Are there any additional special facilities, faculty, equipment, and/or materials required for this program? Has the Division Director, Director of TLC, Exec Director of Operations, IT and/or Library Services been consulted as to the needs of the program?

|  |  |  |
| --- | --- | --- |
| Yes | No | Not Applicable |

If yes, please explain:

|  |
| --- |
|  |

**You may be contacted for more information as the BOR, NWCCU, Dept of Education, and the Dept. of Veterans Affairs may require additional information. By signing this form, I acknowledge the potential of these additional steps.**

|  |  |  |
| --- | --- | --- |
| Submitter |  | Date |
| Program Director/Department Chair |  | Date |
| Division Director |  | Date |
| Executive Director of Operations |  | Date |
| Registrar |  | Date |
| Assessment Committee Chair  Copy made by Assess. Chair Yes No NA   |  |  |  | | --- | --- | --- | |  |  |  | |  | Date |
| Accreditation Liaison Officer |  | Date |
| Executive Director of Instruction |  | Date |
| Curriculum Council Chair |  | Date |

**Attachment A**

**Great Falls College Montana State University**

**CIP Codes**

**Academic Program and Field of Study (Major) Codes**

