Great Falls College MSU Curriculum Council

Program Notification Form

Place Program Under Review / Remove Program from Under Review

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Name: | Click or tap here to enter text. | CIP Code:  If unknown, see Dena | Click or tap here to enter text. | |
| Check Degree Type:  Number of Credits: | AAS CAS  CTS AA AS ASN  Click or tap here to enter text. | Effective Date:  Defaults to summer of next catalog year, unless other semester/year is listed | *Semester*  Click or tap here to enter text. | *Year*  Click or tap here to enter text. |
| Modality: | Face-to-face  Online  Blended |  |  |  |
| Department: | Click or tap here to enter text. | Date of advisory board approval (if applicable):Click or tap here to enter text. | |  |
| Division: | Health Sciences  General Studies  Career & Technical Education | *Attach relevant portion of meeting minutes to this packet.* | | |

Are you placing a program under review? Yes  No

Why is program being placed Under Review? Click or tap here to enter text.

Will current faculty be impacted? How? Click or tap here to enter text.

Are you removing a program from under review? Yes  No

Why is program being removed from Under Review? Click or tap here to enter text.

When was the program placed under review? Click or tap here to enter text.

Will current faculty be impacted? How? Click or tap here to enter text.

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| --- | --- | --- |
| Submitter |  | Date |
| Program Director/Department Chair |  | Date |
| Division Director |  | Date |
| Registrar |  | Date |
| Assessment Committee Chair |  | Date |
| Accreditation Liaison Officer |  | Date |
| Executive Director of Instruction |  | Date |
| Curriculum Council Chair |  | Date |