**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.*

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

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

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| **Are you changing program instructional modality?**  | [ ]  Yes | [ ] No | [ ] Not Applicable |
| **CURRENT Program Instructional Modality:** **Choose all that apply. Both Great Falls College and Board of Regents definitions are shown.**

|  |  |  |
| --- | --- | --- |
|  | GFC definition | BOR definition |
|[ ]  Onsite | Face-to-Face |
|[ ]  Online | Fully Online |
|[ ]  Live Online | Remote |
|[ ]  Online with Limited Onsite | Online with Limited Onsite |

**PROPOSED Program Instructional Modality:** **Choose all that apply. Both Great Falls College and Board of Regents definitions are shown.**

|  |  |  |
| --- | --- | --- |
|  | GFC definition | BOR definition |
|[ ]  Onsite | Face-to-Face |
|[ ]  Online | Fully Online |
|[ ]  Live Online | Remote |
|[ ]  Online with Limited Onsite | Online with Limited Onsite |

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 If yes, please explain

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| **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.

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

CURRENT CIP code:       Proposed CIP code:

If yes, please explain:

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

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

CURRENT Title:       Proposed Title:

If yes, please explain:

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| **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:

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

 If yes, please explain.

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

 If yes, attach a copy of appropriate meeting notes.

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| **Programmatic accreditation affected?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

If yes, please explain:

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**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?

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| [ ]  Yes | [ ] No | [ ] Not Applicable |

If yes, please explain:

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**You may be contacted for more information as the BOR, NWCCU, accreditation body, 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.**

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| Submitter |  | Date |
| Program Director/Department Chair |  | Date |
| Division Director |  | Date |
| Executive Director of Operations |  | Date |
| Registrar |  | Date |
| Assessment Committee ChairCopy made by Assess. Chair [ ] Yes [ ] No [ ] NA

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 |  | 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**

