**Acadia University Senate Curriculum Committee (Administrative) 2023-2024  
Form 4: Proposed Modification to a Program**

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| Department/School: | Click or tap here to enter text. |
| Presented to Faculty Council? | Choose an item. |
| Date presented to Faculty Council: | Click or tap to enter a date. |

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| **Program / Rationale** | |
| Program being modified: | Click or tap here to enter text. |
| Briefly (in one paragraph) outline the nature of the changes you are requesting to your program.  Click or tap here to enter text. | |
| Briefly state the reason for requesting this modification. Please be specific.  Click or tap here to enter text. | |

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| **Anticipated Impacts & Consultations** | | |
| Will this modification alter, in any substantive way, the way your program is currently delivered? | Choose an item.  **If you chose ‘No’, you may skip the rest of this section.** | |
| If you chose ‘Yes’, briefly state how the modification will change the nature of your program below.  Click or tap here to enter text. | | |
| Are the effects of this program restricted to your own Department/School? | | Choose an item. |
| Has the proposed modification been discussed with students? | | Choose an item. |
| Do students approve of the modification? | | Choose an item. |
| If you answered ‘No’ to any of the last three questions, please explain.  Click or tap here to enter text. | | |

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| **New Calendar Description** |
| Please provide the updated program description as it should appear in the University Calendar. Please include the program and graduation requirements.  Click or tap here to enter text. |

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| **Impacts on Courses** | |
| Will this program change result in the **addition** of any new courses? | Choose an item. |
| If you chose ‘Yes’, please list all new course numbers below, and fill out a **Form 1 New Course Proposal** for each.  Click or tap here to enter text. | |
| Will this program change result in the **deletion** of any existing courses? | Choose an item. |
| If you chose ‘Yes’, please list all deleted course numbers below, and fill out **Form 2 Proposed Course Deletion** for each.  Click or tap here to enter text. | |
| Will this program change result in **substantive modifications** to any existing courses? | Choose an item. |
| If you chose ‘Yes’, please list all the affected course numbers below, and fill out **Form 3 Proposed Course Modification** for each.  Click or tap here to enter text. | |

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| **Additional Information** |
| Give any additional information that you feel may be useful to the Curriculum Committee in its deliberation.  Click or tap here to enter text. |