



# 2023-2024 #06 Graduate Program Modification Form

## Program

Preview Form

Edit Approval Process

General Catalog Information

### Descriptive or Instructional Text

Select *Program* below as the Type of Program before importing curriculum data.

### Type of Program:

- Program
- Shared Core

### Descriptive or Instructional Text

**\*\*Read before you begin\*\***

1. TURN ON help text before starting this proposal by clicking in the top right corner of the heading.
2. IMPORT curriculum data from the Catalog by clicking in the top left corner.
3. FILL IN all fields required marked with an \* after importing data. You will not be able to launch the proposal without completing required fields.

- Workflow
- Title
- Crosslistings
- Legends





**Descriptive or Instructional Text**

**Proposed Implementation or Termination Date:**

Please see the [Implementation Timeline](#) to assist you in determining the earliest implantation date available for your proposal.

**Semester**



**Year**



**Department:**



**Current Major Title:**



**Current Concentration Name (if doesn't exist, put N/A):**



**Proposed Major Title (May be the same):**





**Program Title for import:**



**Program Type for Modification:**



**Degree Designation:**



**Description of Modification:**



**Descriptive or Instructional Text**

**Anticipated Delivery Site**

Clarksville Campus

Fort Campbell





- Traditional (Face-to-Face)
- Online
- Hybrid (a combination of course delivery methods)
- Traditional (Face-to-Face) and Online



**Descriptive or Instructional Text**

**Academic Program Liaison (APL):**

Tucker Brown, PhD  
Interim Senior Vice Provost and Associate Vice President for  
Academic Affairs  
SACSCOC Accreditation Liaison  
931-221-7676  
brownt@apsu.edu

**Descriptive or Instructional Text**

**Distance Learning**

Indicate whether program will be offered via distance learning  
and which courses are available online.

**Distance Learning:**



**Descriptive or Instructional Text**



one year for any other program, explain why more time is needed in the field below.

**Reason for longer phase-out period:**



**Explain how the graduate program is progressively more advanced in academic content and rigor than the undergraduate program in the same discipline.**



**Explain how the program will utilize the knowledge of literature in the discipline.**



**Explain how the program will ensure ongoing student engagement in research and/or appropriate professional practice and training experiences.**





Follow these steps to add approved curriculum or to propose changes to the program curriculum:

### Step 1

If you are removing courses, proceed to Step 2.

☰ There are two options to add courses for proposed changes: "Add Course" and "Import Course." For courses that already are in the catalog, click on "Import Course" and find the courses needed. For new classes that are in the Curriculum Approval Process click on "Add Course"-- a box will open asking you for the Prefix, Course Number and Course Title.

### Step 2

Click on ☰ "View Curriculum Schema." Click on the area/header of the program where you would like to add/remove courses. When you click on "Add Courses" it will bring up the list of courses available from Step 1. Select the courses you wish to add. For removing courses click on the **X** and proceed.

### Step 3

Attach the Graduate side-by-side form.

Attach the Graduate 2 year plan.

## Program Description:



7 Add Item

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**Will your program allow courses to be utilized in other majors, concentrations, or minors?**

- Yes  No



**Descriptive or Instructional Text**

If you answered Yes to the above, please complete the following questions:

**Should this program share courses with other majors?**

- Yes  No



**Should this program share courses with other concentrations in the same major?**

- Yes  No



**Should this program share courses with minors?**

- Yes  No



**Does this program require the completion of an Oral Comprehensive Exam?**

- Yes  No



**Does this program require the completion of a Written Comprehensive Exam?**

- Yes  No





**Fit with Institutional Strategic Plan and Mission**

In the field below, address how the proposed program modification will further the mission and strategic plans of APSU, the Department and [THEC Master Plan](#). Please review the following:

- [APSU Mission and Vision Statements](#)
- [APSU Strategic Plan](#)
- [Departmental mission and goals in the Institutional Effectiveness Process](#)
- [THEC Master Plan](#)

**Fit with Institutional Strategic Plan and Mission:**



**Background (State the rationale):**



**Descriptive or Instructional Text**

**If modification is based on recommendation from an accrediting agency, please submit accreditor letter.**





**Impact:**

Describe potential impact on other concentrations within the current program and other similar programs at APSU.

Describe how this change will impact current students and how they will be notified of the change.

**Impact:**



**How are current students affected? How will they be notified of any Curricular changes?**



**Curriculum crosswalk of proposed curriculum to accreditation competencies (if applicable):**



**Current and proposed admission, retention and graduation policies:**





**Current Faculty**

If converting concentration to new major or certificate program please list the name, rank, highest degree, primary department, FTE in program, number of theses/dissertations for all current faculty.

**Current Faculty:**



**Descriptive or Instructional Text**

**Plans for Accreditation:**

Identify the source and projected date of Professional accreditation if applicable; SACSCOC notification, if required, and if a substantive change, the scope of the substantive change. If there are no plans to seek specialized accreditation, please provide reasons.

**Plans for Accreditation:**





code definition at the same degree level currently offered in Tennessee (Please complete only if adding a new concentration).



### Descriptive or Instructional Text

#### Program Modification Approval Process Key:

Items designated with a "♦" symbol require the approval of the President.

Items designated with a "♣" symbol require the approval of the President and APSU Board of Trustees'.

Items designated with a "♠" symbol requires the approval of the President, APSU Board of Trustees' and THEC.

### Type of Change/ Modification

- Change or add a degree designation for an existing academic program or concentration per written recommendation of a disciplinary accreditation body. ♠
- Change or add a degree designation for an existing academic program or concentration when the change involves a significant curriculum shift in redefining the program's purpose. ♠
- Change or add degree designation for existing programs to more accurately represent the title to the workplace. ♠



Change of the primary delivery mode for an existing academic program. ♥

Curriculum modifications which increase or decrease total hours required for a degree. (Provide a side-by-side comparison of existing and proposed curriculum). ♥



Curriculum modification in an existing academic program, including program admission, progression, and graduation requirements. Provide a side-by-side comparison of the existing and proposed curriculum. ♥

Establish a certificate of 24 SCH or less ♣.

Establish a new concentration or minor. ♦

Extend an existing degree program to be delivered 100% at an off-campus location. ♥

Inactivation of an existing major, minor, concentration, or certificate. ♥

Reactivation of a program that was placed on inactivation within the past 3 years. ♥

Termination of major or certificate. ♣

Termination of minor or concentration. ♦

Add or remove a delivery method to a program (face-to-face; online; hybrid).

Other.

**If Other, specify:**





program):



**Descriptive or Instructional Text**

Visit [NCES](#) for assistance determining CIP Code.

**CIP Code:**



**Description of Costs:**



**Describe the anticipated impact for students, personnel, fiscal resources, and other clientele.**



**Descriptive or Instructional Text**

**Program Student Learning Outcomes**

Describe what students should know, think or be able to do at conclusion of the program.

**Program Student Learning Outcomes.**



**Descriptive or Instructional Text**

**Assessment**

Provide a plan for assessing student learning outcomes while the students are enrolled in the program and after they have completed the program.

**Assessment:**



**Are additional library resources needed to support the program?**

- Yes    No



**Does this proposal require Teacher Education Council Chair approval?**

- Yes    No



**Does the type of change selected above require APSU Board of Trustees' approval (Items marked with the**





**Does the type of change selected above require THEC approval (items marked with the spade symbol)?**

- Yes
- No




**Does this require SACSCOC approval?**

- Yes
- No



**Descriptive or Instructional Text**

Attach enrollment and degrees awarded by concentration for last 3 years and 3 year Fall average for each concentration in program and overall total in major (if proposing a new concentration).

**Please attach any required files by navigating to the Proposal Toolbox and clicking  in the top right corner.**

**Subheading**

ATTACHMENT LIST

**Acknowledge:**

- I have completed all relevant parts of the form.



**Attached:**

- I have attached a THEC Financial Projections Form (if required).



**Attached:**





I have attached the side-by-side comparison (if applicable) and comparison chart of CIP codes (title, degree designation, CIP code).



**Attached:**

I have attached a table of the enrollment and degrees awarded by concentration (if applicable).



**Attached:**

I have attached letter from accrediting agency (if applicable).



**Attached:**

I have attached a course description for each new course (if applicable).



**Attached:**

I have attached a teach-out plan for the program (if applicable).

