Office of the Academic Senate

Request Form to Modify Graduate Degree Requirements

Graduate Program Name & Degree

Department

School

Prepared by__________________________ Telephone__________ E-Mail_______________

Faculty Contact: ______________________ Telephone__________ E-Mail_______________

Proposed effective date of graduate degree modification(s): ___________________

Proposed Modification(s)(please check all that apply)

____ Admission requirements
____ Course requirements
____ Unit requirements
____ Examination requirements
____ Time-to-degree
____ Other (please describe) _________________________________________________________

1. In a cover letter addressed to Graduate Council from the Department Chair or Program Director (as appropriate), briefly describe the proposed modifications and provide a justification for the request.

2. Existing Program Requirements

<table>
<thead>
<tr>
<th>Existing</th>
<th>Proposed: Underline the additions and strike the deletions.</th>
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</thead>
</table>

*The information copied and pasted here should come directly from the Catalogue
http://catalogue.uci.edu/informationforprospectivestudents/undergraduatandgraduatedegrees/
Office of the Academic Senate

3. Relationship to competitive programs:

4. Impact on Time to Degree:

5. Expected impact on quality of the program:

6. Expected impact on employment prospects:

7. Expected impact on recruitment:

8. Will current students be permitted to switch to take advantage of the revisions? If so, what will be the approval process?

9. Faculty vote – Include all information below

Total number of eligible faculty: ______

Total number of voting faculty: ______

<p>| | |</p>
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<tr>
<td>For</td>
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<td>Against</td>
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<tr>
<td>Abstain</td>
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</tbody>
</table>

Date of vote: ________________

*Note, completing this section accurately is of particular importance so that we can determine if there was quorum for the faculty vote. Each School’s bylaws should indicate their rules on quorum. If no specifics are listed we default to Robert’s Rules of Order which is 50% +1. To view what each School’s bylaws are visit the Senate Manual and see Part III, Appendix I: Bylaws of the Faculties [http://senate.uci.edu/uci-academic-senate-manual/](http://senate.uci.edu/uci-academic-senate-manual/)

**Required Signatures (as appropriate: Director or Chair and Associate Dean or Dean)**

Program Director

Print Name ___________________ Signature ___________________ Date _________

Department Chair

Print Name ___________________ Signature ___________________ Date _________

Associate Dean

Print Name ___________________ Signature ___________________ Date _________

Dean

Print Name ___________________ Signature ___________________ Date _________

Senate Form updated 10/10/2017
Office of the Academic Senate

Required Appendices:
A. Copy of Bylaws used for Faculty vote (e.g. either School, Department or Program)
B. Revised and Dated Program Summary
C. Revised Catalogue Copy
D. Print out of CIM proposed revisions, if applicable
   a. (*See instructions below)
      Go to the Registrar’s online Course Inventory Management (CIM) System
      (https://login.uci.edu/ucinetid/webauth?return_url=https://shib.nacs.uci.edu/idp/Authn/RemoteUser) to revise, create and delete courses. Submit the revisions online and submit the print out of those proposed modifications sent through the CIM system.

Optional Appendix:
A. Additional Letter(s) of Support from Associate Dean of Graduate Studies or Dean

Submit the completed form in one single pdf with all materials, signatures and dates to Natalie Schonfeld at nschonfe@uci.edu

*Items submitted incomplete and or in piecemeal will not be accepted for review. Please note Graduate Council meeting dates and their corresponding item submission deadline dates.

To be filled out by the Academic Senate:

Date completed form is submitted: _______________________

Reviewed by Graduate Council: _______________________

Approved by Graduate Council: _______________________