



# Program Approval Form

For approval of new programs and deletions or modifications to an existing program.

**Action Requested:**

Create New (SCHEV approval required except for minors)  
 Inactivate Existing  
 Modify Existing (check all that apply)  
 Title (SCHEV approval required except for minors)  
**Concentration** (Choose one):  Add  Delete  Modify  
 Degree Requirements  
 Admission Standards/ Application Requirements  
 Other Changes: \_\_\_\_\_

**Type** (Check one):

B.A.  B.S.  Minor  
 M.A.  M.S.  M.Ed.  
 Ph.D.  
 Undergraduate Certificate\*  
 Graduate Certificate\*  
 Other:

**College/School:**  **Department:**   
**Submitted by:**  **Ext:**  **Email:**

**Effective Term:** Fall  **Please note:** For students to be admitted to a new degree, minor, certificate or concentration, the program must be fully approved, entered into Banner, and published in the University Catalog.

**Justification:** (attach separate document if necessary)

Inclusion of the Advanced Methods of Teaching Math (EDCI 472) course in the BA and BS and removal of the Advanced Methods Teaching Science course (EDCI 483).

	Existing	New/Modified
<b>Program Title:</b> (Required) Title must identify subject matter. Do not include name of college/school/dept.	BS in Mathematics	
<b>Concentration(s):</b>	Mathematics Education	
<b>Admissions Standards / Application Requirements:</b> (Required only if different from those listed in the University Catalog)		
<b>Degree Requirements:</b> Consult University Catalog for models, attach separate document if necessary using track changes for modifications	Currently in Math Education concentration: EDCI 372 MATH 302 EDCI 483 MATH 315 EDCI 490 MATH 321 EDRD 491 MATH 351 EDUC 372 EDUC 422	Changes in Math Education concentration are: EDCI 372 MATH 302 <b>EDCI 472</b> MATH 315 EDCI 490 MATH 321 EDRD 491 MATH 351 EDUC 372 EDUC 422
<b>Courses offered via distance:</b> (if applicable)		
<b>TOTAL CREDITS REQUIRED:</b>		

\*For Certificates Only: Indicate whether students are able to pursue on a  Full-time basis  Part-time basis

## Approval Signatures

Department \_\_\_\_\_ Date \_\_\_\_\_ College/School \_\_\_\_\_ Date \_\_\_\_\_ Provost's Office \_\_\_\_\_ Date \_\_\_\_\_  
*Interdisciplinary Council Use Only*

If this program may impact another unit or is in collaboration with another unit at Mason, the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

Unit Name	Unit Approval Name	Unit Approver's Signature	Date

### For Graduate Programs Only

Graduate Council Member \_\_\_\_\_ Provost Office \_\_\_\_\_ Graduate Council Approval Date \_\_\_\_\_

