

UNDERGRADUATE COUNCIL
Request for Change(s)

Originating unit requesting change

COED

Type of Change requested:

☐

Course number(s)

☐

Course prerequisite(s)

☐

Course title

☐

Drop course(s)

☐

Program description

☐

Course description

☐

Drop program(s)

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Program requirements

Semester and year change(s) take effect: Fall 2022

Appropriate computer abbreviation if
course title is more than 30 spaces:

Briefly summarize the change requested: Change the number of required hours from 124 to 120.

Programs Only

NA

Program Name: _____

Current Code: _____ Proposed New Code (list 2): _____ or _____
(ex: INDE-BFA)

Can have second major: ____ Yes ____ No

Current 6-digit CIP Code: _____

Does the change require a new or change in CIP code? ____ Yes ____ No

If yes, what is the proposed 6-digit CIP code? _____

*for reference, please visit: <https://nces.ed.gov/ipeds/cipcode/resources.aspx?y=56>

Catalog copy

Present catalog copy (paste-up from catalog is acceptable).

Proposed change(s). (Include exact catalog copy as desired. Underline changes)

Speech-Language Pathology BS

The BS with a major in speech-language pathology requires 124 semester hours as follows:

1. TCU Core Curriculum: 39 - 63 semester hours

Speech-Language Pathology BS

The BS with a major in speech-language pathology requires **120** semester hours as follows:

1. TCU Core Curriculum: 39 - 63 semester hours

Electives: 7 - 19 semester hours

Electives: 7 - **16** semester hours

Request for Changes

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1. What is the justification for the change(s) requested?

The change in required total hours was made after approval of moving TCU degrees to 120 hours.

2. If applicable, explain how the change(s) will affect the current program outcomes and assessment mechanisms.

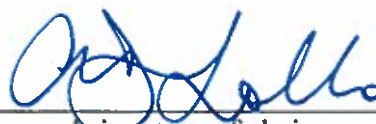
3. **Faculty Resources:** How will the unit provide faculty support for this change and any other impact this change may have on other current departmental listings.

Educational Resources: Will this change require additional resources not currently available (e.g. space, equipment, library, other)?
If yes, list additional resources needed.

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YES
NO

4. If this change affects other units of the University, include a statement signed by the chairperson(s) of the affected unit(s). NA
5. If cross-listed, provide evidence of approval by all curriculum committees appropriate to both the originating and cross-listed units. NA



Approval signature of chairperson of originating unit