

**UNDERGRADUATE COUNCIL
Request for Change(s)**

Originating unit requesting change:

Type of Change requested:

- | | | | | | |
|--------------------------|--------------------|--------------------------|------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Course number(s) | <input type="checkbox"/> | Course prerequisite(s) | <input type="checkbox"/> | Program description* |
| <input type="checkbox"/> | Course title | <input type="checkbox"/> | Drop course(s) | <input type="checkbox"/> | Program requirements* |
| <input type="checkbox"/> | Course description | <input type="checkbox"/> | Drop program(s) | | |

Semester and year change(s) take effect:

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

In space provided, briefly summarize change requested:

Programs Only*

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>

Program to be promoted to prospective
undergraduate students by TCU Admissions? Yes No

Catalog Copy: *if additional space or formatting is needed, include as an attachment*

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

Proposed change(s): Include exact catalog copy as desired. Strike-through deletions and underline changes in Adobe Acrobat by using Ctrl+E (PC) or Cmd+E (Mac). _____

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

4. **Educational Resources:** Will this change require additional resources not currently available (e.g. space, equipment, library, other)? YES
If yes, list additional resources needed. NO

5. If this change affects other units of the University, include a statement signed by the chairperson(s) of the affected unit(s).

6. If cross-listed, provide evidence of approval by all curriculum committees appropriate to both the originating and cross-listed units.

Approval signature of chairperson of originating unit

Changes to the Biology BS Program Requirements

Current Catalog	Proposed change																																																																														
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