

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

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.

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Approval signature of chairperson of originating unit