

**Cover Sheet for
Radford University Graduate College
Academic Course & Program Review (ACPR) Committee**

Date: _____ **Proposal Number:** _____ (to be assigned by ACPR)
Department: _____ **Contact Person(s):** _____
Course Title: _____ **Abbreviated Title** (if more than 28 characters): _____
Course ID: _____

Proposal Category (✓ all that apply). **A cover sheet must be submitted for each proposal.**

Course Prerequisite Change	Course Title Change
Course Deletion	Course Number Change
Program Revision	Course Credit Hour Change
New Course Proposal	Course Syllabi Change (Also submit an electronic file to ssteele2@radford.edu)
Course Description Change	Other Catalog Revisions
New Certificate Proposal	Certificate Revision

Other Proposal Requirements: (✓ as applies and attach forms)

_____ For New Course Proposal, attach the New Course Proposal Form.

_____ For New Certificate Proposal, attach the New Post-baccalaureate Certificate Proposal Form.

_____ Include the Library Assessment Sheet with signatures as required
(see number 4d of 14.5 New Course Proposal)

Proposal with Rationale (State current status, proposed change, and why the change is desired. Attach additional sheets if necessary.):

*If the proposal in any way alters the requirements for the program, complete the Revision of Existing Program form: Approved proposals traditionally go into effect the next academic year. However, if seeking an alternative effective date please indicate the requested date and reason: **Effective date:**
Reason:*

Approvals:

Department Chair/ School Director

Date:

College Dean

Date:

Professional Education Committee (if applicable)

Date:

Dean, College of Graduate and Professional Studies

Date:

Provost

Date:

