

APPROVAL FORM FOR
DEGREE PROGRAMS
MISSISSIPPI STATE UNIVERSITY

NOTE: This form is a cover sheet that must accompany the degree program change proposal. The actual proposal should be prepared in accordance with format requirements provided in the *Guide and Format for Curriculum Proposals* published by the UCCC. Both cover sheet and proposal should be submitted to UCCC Mail Stop 9702 (281 Garner Hall), Phone: 325-9410.

College _____ Department: _____

Contact Person: _____ Mail Stop: _____ E-mail: _____

Nature of Change: _____ Date Initiated: _____

Current Degree Program Name: _____

Current Major: _____

Current Concentration(s): _____

Current Campus(es): _____

New Degree Program Name: _____ Effective Date: _____
Semester Year

Proposed Major: _____

Proposed Concentration(s): _____ Proposed
Campus(es): _____

Summary of Proposed Changes:

Approved:

Date:

Department Head

Director of Academic Quality

Chair, College or School Curriculum Committee

Dean of College or School

Chair, University Committee on Courses and Curricula

Chair, Graduate Council (if applicable)

Chair, Deans Council
