

# Academic Policies and Procedures Committees

## PROPOSAL FORM -- Part A

Graduate AP&P  Undergraduate AP&P  Both (Dual-Listed Courses) Submit simultaneously	Department/Program Proposal # _____  Proposed Effective Date: FALL (year) _____
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College/Unit \_\_\_\_\_ Assoc. Dean \_\_\_\_\_ Proposer(s) \_\_\_\_\_

Department/Program \_\_\_\_\_ Chair \_\_\_\_\_

1. I want to: \_\_\_\_\_ Briefly describe the action(s) requested:

2. Rationale for this request:

3. For additions/changes to courses:

a. List the current Bulletin copy (including dual- or cross-listed information, if applicable). Attach separate sheet if more space is needed.

b. List the proposed Bulletin copy (including dual- or cross-listed information, if applicable). Attach separate sheet if more space is needed.

4. **Attachments:** For additions/changes to programs of study or policy, attach marked up program of study or Bulletin copy showing revisions. For new courses, attach syllabus.

AP&P PROPOSAL FORM -- Part A (continued)

5. List the committees, councils, and other groups that have considered this proposal; the action taken; and the date that action was taken.

Area	Action			Date of Action m/d/yyyy
	approved	not approved	not applicable	
Department/Program Faculty (undergraduate)				
Department Graduate Faculty (graduate)				
College Council(s)				
General Education Council				
Professional Education Council				
Departmental Honors Program Council				
Honors College Council				
Undergraduate Academic Policies & Procedures Committee				
Graduate Academic Policies & Procedures Committee				

6. Contact and share proposal with the Registrar's Office and (for graduate proposals) Graduate School early in the proposal development.

Area	Person Contacted	Review Comments	Date of Comments m/d/yyyy
Registrar's Office			
Graduate School			

7. For Course and Program of Study changes and additions:

a. Please search the current online bulletin for courses and programs of study affected by this proposed change, including any in your own department. List each course and program in the appropriate table below or, if applicable, choose none. Attach a separate list if necessary. (Click here for instructions on searching Online Bulletin.)

None	Course(s) Affected (number & title)

None	Program(s) Of Study Affected (program code & title)

b. List all affected department chairs/program directors (including those from 7a as well as those whose programs may be impacted in ways other than listed above) who have been consulted in the development of this proposal and their response in support or opposition to the proposal. Use of another unit's course requires approval from that unit.

Name	Department/Program	Response	Date of Response m/d/yyyy

8. If a policy change or deletion is requested, list all units or groups who were consulted in development of this proposal. List the person(s) and date contacted and their response.

9. If changing a course number or adding a course, is the proposed course equivalent to an existing course in Banner? yes \_\_\_ no \_\_\_ n/a \_\_\_ (If yes, list the existing and proposed equivalent course below)

Existing Course		Proposed Course	

10. Is this a General Education course? yes \_\_\_ no \_\_\_ n/a \_\_\_ If yes, consult the Office of General Education. (NOTE: If requesting new general education credit, you must submit Part C of the AP&P proposal form to the Office of General Education.)

11. a. Does this proposal affect a course or requirement of an AppState Online or Distance Education program? yes \_\_\_ no \_\_\_  
 If yes, what is the mode of delivery? fully online \_\_\_ site-based (includes hybrid) \_\_\_  
 If yes, contact AppState Online (online@appstate.edu) and Site Management and State Authorization (stateauthorization@appstate.edu). List the date, the person(s) contacted, and the response.

12. For new course additions and schedule type revisions, answer the following.

- Is this course designated as an Internship (INT), Practicum (PRA), Field Experience (FLD), Clinical (CLN), or Student teaching (ST)? yes \_\_\_ no \_\_\_ (If Yes, stop here. If No, complete part (b).)
- Will students be applying their skills in an experiential manner such as providing professional advice to community members or working directly with minors on campus? yes \_\_\_ no \_\_\_ (If Yes, complete part (c).)
- General Counsel should be consulted regarding liability. List the date, the person contacted, and the response.

13. This question only applies to changes or additions to programs leading to a degree or certificate. For other types of proposals check here (n/a \_\_\_) and skip the rest of the question. Additional accreditation documentation is required when the quantity of new content in a program results in a significant departure from the institution's existing offerings. Does the new or changed program include new content not previously offered? What percent is new?  
 Check one of: (0-24% \_\_\_) (25-49% \_\_\_) (50%+\_\_\_).  
 If 25% or above, please contact the SACSCOC liaison and list the response and date here.

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**PROPOSAL FORM -- Part B (For additions only)**

SELECT ONE: Course aa" Egtwlecvg aa Concentration \_\_\_ Minor \_\_\_ Degree \_\_\_

1. If this is a new course,
  - a. Has it been offered as Selected Topics in the last five years? yes \_\_\_ no \_\_\_ If so, how often and what were the enrollments each semester it was offered?
  
  - b. Are there courses from other departments that may cover or partially cover the subject matter of the proposed new course? yes \_\_\_ no \_\_\_ (If yes, list course numbers and titles:)
  
2. Projected enrollment: 1st year \_\_\_\_\_ 2nd year \_\_\_\_\_
  
3. Projected student clientele:
  
  
4. Faculty:
  - a. Additional faculty needed:
  
  
  - b. Names of current faculty qualified to teach the course:
  
  
  
  - c. Other and continuing responsibilities of current faculty involved in new degree or course:
  
  
  
5.
  - a. For a new degree, attach the *Request for Preliminary Authorization* submitted to UNC System Office.
  - b. For a new graduate certificate program, attach the *Proposing a New Graduate Certificate* form.
  - c. For a new undergraduate certificate program, attach an explanation of the career and/or graduate education opportunities available to students.
  - d. Does this new program lead to professional licensure or certification? If so, please describe the license or certificate.
  
  
  
6. List estimated costs of the new program or course that cannot be covered by the present budget:

7. Contact your library liaison to assure adequate library resources are or will be available. List the date, person contacted, and their response. (*Click here for a list of Library Liaisons.*)
  
8. Contact the appropriate dean(s) affected by the development of this proposal to assure adequate resources are or will be available. List the date(s), person(s) contacted, and their response(s).
  
9. For a new degree or certificate only, consult Institutional Research, Assessment, and Planning (IRAP) to develop functional learning goals and outcomes. Attach the goals and outcomes to be published on IRAP's website. List the date, person contacted, and their response. Examples of outcomes are found here.
  
10. For new course, select schedule type: