



Program Approval Form

For approval of new programs and deletions or modifications to an existing program.

Action Requested:

- Create New (SCHEV approval required except for minors and certificates)
- Delete Existing
- Modify Existing (check all that apply)
 - Title (SCHEV approval required except for minors, certificates)
 - Concentration** (Choose one): Add Delete Modify
 - Degree Requirements
 - Admission Standards
 - Application Requirements
 - Other Changes: _____

Type (Check one):

- B.A. B.S. Minor
- Undergraduate Certificate
- M.A. M.S. M.Ed.
- Ph.D. Graduate Certificate
- Other: _____

College/School: **Department:**
Submitted by: **Ext:** **Email:**

Effective Term: Fall **Please note:** For students to be admitted to a new degree, minor, certificate or concentration, the program must be fully approved, entered into Banner, and published in the University Catalog.

Justification: (attach separate document if necessary)

Program Title: (Required)
 Title must identify subject matter. Do not include name of college/school/dept.
Concentration(s):

Admissions Standards / Application Requirements:
 (Required only if different from those listed in the University Catalog)

Degree Requirements:
 Consult University Catalog for models, attach separate document if necessary using track changes for modifications

Courses offered via distance:
 (if applicable)

TOTAL CREDITS REQUIRED:

Existing	New/Modified
Biometrics Graduate Certificate	

Approval Signatures

Department _____ Date _____ College/School _____ Date _____ Provost's Office _____ Date _____
Interdisciplinary Council Use Only

If this program may impact another unit or is in collaboration with another unit at Mason, the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

Unit Name	Unit Approval Name	Unit Approver's Signature	Date

For Graduate Programs Only

Graduate Council Member _____ Provost Office _____ Graduate Council Approval Date _____