University of
**Central
Florida**

Graduate Program Recommendation Form - REVISIONS ONLY

This form is to be used to **REVISE** degree programs, tracks, or certificate programs. If there are changes to a program and the changes will also affect the program tracks, one form may be used for both the program and the track(s).

Please refer to the Graduate Council Curriculum Meeting Schedule for submission deadlines.

Checklist of items to be attached with completed form:

☐ Complete and current Graduate Catalog copy (www.graduatecatalog.ucf.edu), including description, curriculum, contact information, application requirements, and application deadlines. **Use Track Changes in Word to show revisions.**

☐ A list of faculty who will participate in the program, track or certificate and their credentials.

☐ All course action requests that will be needed to implement the curriculum changes.

☐ If applicable, a written agreement from all involved units that they are in support of the revisions.

College/Unit(s) Submitting Proposal: _____

Proposed Effective Term/Year: _____

Unit(s) Housing Program: _____

Name of program, track and/or certificate: _____

Please check all that apply: This action affects a: ☐ Program ☐ Track ☐ Certificate

If the revision applies to multiple tracks, please list them here:

_____

Brief description of **program and rationale** of the revision: **Do not add complete catalog copy here.**

Briefly list curriculum changes in bullet format. If there are changes to the credit hours of the program, required courses or other requirements, please state those changes. **Remember to attach the catalog copy showing changes, using Track Changes in Word.**

Name Change

Are you changing the name of an existing program, track, or certificate?   ☐ Yes   ☐ No

If yes, provide the new name of the program, track, or certificate: _____

A proposed name change will apply to the record of all students who are currently enrolled, readmitted or newly admitted into this program as of the effective date of this change.

If you are ONLY making a name change, skip the "Impact on Current Students" section.

Impact on Current Students

Will students be moved from an existing program, track, or certificate into this new program, track, or certificate?   ☐ Yes   ☐ No

If yes, state the name of the program or track where students are currently enrolled and attach a list of students if possible:

_____

Will students have the option to stay in their existing program, track, or certificate?   ☐ Yes   ☐ No

If yes, how will current students be impacted by this change?

If there are substantial revisions, please complete the following table on financial support: (Specify all forms of support – assistantships, fellowships, and tuition remission.)

	Number of assistantship students	Source of funds	Number of fellowship students (specify fellowship)	Number of tuition remissions	Source of funds
Year 1					
Year 2					
Year 3					

Signature Page

Recommend Approval (all approval levels must be signed)

Graduate Faculty   (Print) _____   (Signature) _____   Date _____
Program Coordinator

Department Chair (Print) _____   (Signature) _____   Date _____
/Director

College Academic (Print) _____   (Signature) _____   Date _____
Standards

College Dean   (Print) _____   (Signature) _____   Date _____

Graduate Council (Print) _____   (Signature) _____   Date _____

Vice President for Research and Dean of the College of Graduate Studies

(Print) _____   **(Signature)** _____   Date _____

Approval

Provost and Executive Vice President _____   Date _____

Distribution: After approval is received from the Provost, distribution will be to:

Department(s); College; Registrar; Associate Registrar; Institutional Knowledge Management; Academic Services; College of Graduate Studies