**Request to Revise Academic Program Credit Requirements**

Please complete all fields. Boxes may be expanded to accommodate longer responses. Clarifying field descriptions can be found below.

**University:**

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| **Name of Academic Program:**  |
| **Academic Department:**The name of the academic department or unit that primarily administers the academic program. If the proposed program is jointly administered across more than one department, please list the(se) additional department(s). |
| **Geographic Site:**The physical site (campus, extended campus, etc.) or modality where the academic program is primarily delivered or administered.  |
| **Instructional Modality**:The primary modality of the academic program (i.e., immersion, online, hybrid). |
| **Brief Program Description:**A short outline of the content and skills that the program delivers.  |
| **Enrollment for the Past Three Years**: Please provide enrollment numbers for each of the last three years. |
| **Credit Revision Requested**Please state which type of credit revision is requested (a. more than 120 credits in an undergraduate program; b. more than 25 percent of the required courses in the degree requirements). Describe the specific credit revisions requested. |
| **Reason for Revising Credit Requirements:**Please briefly explain why the credit requirements are being revised. |
| **Is this program in an ABOR designated high demand field**? YES NO Is the revised program in education, health, science, technology, engineering or math (STEM)? |

Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_