****

**FORM TO REQUEST SUBSTANTIAL CHANGES TO AN EXISTING UNDERGRADUATE CERTIFICATE**

**A request for substantial changes to an existing program requires approval from the school director/department head (managing administrator), college academic dean, Curricular Affairs, Undergraduate Council (UGC), and College Academic Administrators Council (CAAC). Additional approvals may be required, depending on the requested changes. Complete this form and submit to the** **Office of Curricular Affairs** **no later than October 23, 2020 to be considered for inclusion in the 2021-2022 Academic Catalog.**

1. **Requested by (College & School/Department):**
2. **Proposer’s name, title, email and phone number:**

##

## Certificate name and number of students enrolled in the certificate:

## Describe proposed changes to the certificate. Provide a rationale and explanation for making changes to the certificate and include any relevant supporting data. Are changes being made to corresponding minor/major (if applicable)?

## Comparison Chart–complete the chart below using your existing [academic advisement report](https://uaccess.schedule.arizona.edu/psp/pubsaprd/UA_ADV_CATALOG/HRMS/h/?tab=DEFAULT). You may not need to complete all portions. Highlight row(s) indicating the proposed significant changes. You can find course information to help complete the chart below by using the [UA course catalog](https://uaccess.schedule.arizona.edu/psp/pubsaprd/UA_CATALOG/HRMS/h/?tab=DEFAULT) or [UAnalytics](https://analytics.uaccess.arizona.edu/analytics/saw.dll?dashboard&PortalPath=%2Fshared%2FStudent%2F_portal%2FCatalog%20and%20Schedule) (Catalog and Schedule Dashboard> “Printable Course Descriptions by Department” On Demand Report; right side of screen). Proposed changes resulting in similar curriculum with other plans (within department, college, or university) may require completion of an additional comparison chart. Delete Example columns before submitting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Existing Certificate Requirements** | **Proposed Certificate Requirements**  | **Example Existing Certificate**  | **Example Modified Certificate**  |
| Certificate name |  |  | Air Traffic  | Air Traffic  |
| CIP code–lookup [here](https://nces.ed.gov/ipeds/cipcode/default.aspx?y=55) or contact the Office of Curricular Affairs for assistance, if needed |  |  | 49.0105-Air Traffic Controller | 49.0105-Air Traffic Controller |
| Total units required to complete the certificate |   |   | 9 | 12 |
| Upper -division units required to complete the certificate |  |  | 9 | 12 |
| Total transfer units that may apply to the certificate |  |  | 3 | 3 |
| List any special requirements to declare or gain admission to the certificate |  |  | None | -Complete interview with “Air Traffic Controller Faculty Committee”-Submit application essay  |
| Certificate requirements. List all certificate requirements including core and electives. Courses listed must include prefix, number, units, and title. Mark new coursework (New). Provide email(s)/letter(s) of support from home department head(s) for courses being added and not owned by your department. Recommend ordering requirements in the same order as your advisement report |  |  | Complete 3 core courses:AIR 301 (3) Air Traffic Controller BasicAIR 302A (3) Air Traffic Controller Advanced IAIR 302B (3) Air Traffic Controller Advanced II | Complete 3 core courses:AIR 301 (3) Air Traffic Controller BasicAIR 302A (3) Air Traffic Controller Advanced I(NEW) AIR 303 (3) Air Traffic Controller ProcessesComplete 3 units from the following upper division AIR list:AIR 400 (3) Air Traffic History AIR 493 (3) Air Traffic Internship(NEW) AIR 380 Air Traffic Administration |
| Internship, practicum, applied course requirements. (Yes/No). If yes, provide description. |   |   | No | No |
| Senior thesis or senior project required (Yes/No) |   |  | No | No |
| Additional requirements (provide description) |   |   | None | Submit a summative reflection essay.  |

1. **Peer institution comparison**-describe how your modified certificate requirements are similar and different from certificate requirements of two peer institutions. Select peers from (in order of priority) [ABOR approved institutions](https://www.azregents.edu/arizonas-public-universities/peer-institutions), [AAU members](https://www.aau.edu/who-we-are/our-members), and/or other relevant institutions recognized in the field.
2. **Faculty impact**–indicate if new faculty hires will be required to deliver this new curriculum.
3. **Budgetary Impact**– indicate new resources needed and source of funding to implement the proposed changes. If reallocating resources, indicate where resources will be taken from and the impact this will have on students/faculty/program/unit.
4. **Required signatures**

Managing unit administrator (print name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Managing administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Managing unit administrator (print name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Managing administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Dean (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Note: In some situations, signatures of more than one unit head and/or college dean may be required.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| For use by Curricular Affairs:

|  |  |
| --- | --- |
| Committee | Approval date |
| Academic Programs Subcommittee |  |
| Undergraduate Council |  |
| College Academic Administrators Council |  |

 |  |
|  | **If name change requested & approved:** |
| ☐ Notify proposers of approval | ☐ Create approval memo |
| ☐ Upload proposal documents to relevant plan table values | ☐ Send memo to college/dept and acad\_org listserv.  |
| ☐ Notify ADVIP team, include proposers | ☐ Create new plan code  |
|  | ☐ Add last admit term to previous plan code |
|  | ☐ Upload proposal documents to relevant plan table values |
|  | ☐ Notify ADVIP team, include proposers |