University of Houston ◢ Clear Lake

College of Education Academic Review Committee
Request for Course/Program Change Form

Program _____

Academic Year _____

Description _____

Approval Signatures

Program Director _____   Date _____

Department Chair _____   Date _____

ARC Chair _____   Date _____

Associate Dean _____   Date _____

Dean _____   Date _____

Routing and Processing

Task	Owner	Date	Signature
Forward to Associate Dean	Department Chair		
Forward to ARC	Associate Dean		
ARC Chair Signs on Approval	ARC Chair		
Associate Dean Reviews and Signs on Approval	Associate Dean		
Dean Reviews and Signs on Approval	Dean		
Revisions in Catalog, Course Inventory Changes in Admissions/Exit Requirements	Associate Dean's Office		
Facilitates Shared Governance Review	Associate Dean		
Review in Senate Curriculum Committee, Academic and University Council	Associate Vice President for Academic Affairs		
Review by THECB or SACS	Associate Vice President for Academic Affairs		

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To: College of Education Academic Review Committee   Date _____

1. **Department Requesting Change:**
   - ☐ Curriculum & Instruction
   - ☐ Leadership & Policy Analysis
   - ☐ Counseling, Special Education & Diversity
   - ☐ Literacy, Library Science & Learning Tech

2. **Program Responsible for the Course/Program:**
   - ☐ ADSU ☐ COUN ☐ ECED ☐ EDCI ☐ EDLS ☐ EDUC ☐ INST
   - ☐ LLLS ☐ SILC ☐ SLIS ☐ SPED ☐ TCED

3. **Program (s) Impacted by the Course/Program change:**
   - ☐ ADSU ☐ COUN ☐ ECED ☐ EDCI ☐ EDLS EDUC INST
   - ☐ LLLS ☐ SILC ☐ SLIS ☐ SPED ☐ TCED

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1. **Give a detailed description of the current curriculum**

2. **Give a detailed description of the proposed curriculum change**

3. **Give a detailed description of justification for the change**

4. **Program Learning Objective: At the end of the program the student will have learned the following key objectives in the field of study:**

5. **Explain: (a) how the proposed curriculum change is based on the assurance of learning (either direct or indirect)**

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5b how the change will enhance or promote assurance of learning.

6. **Effect of this proposal on other programs in the College of Education.**

7. **Effect of this proposal on other programs offered at UHCL.**

8. **Semester (s) Offered if a New Course:** ☒ Fall ☐ Spring ☐ Summer ☒ FA_SPR_SUM ☐ Contact Dept. ☐ Rarely Offered ☐ Odd FA ☐ Even FA ☐ Odd SPR ☐ Even FA ☐ Odd SPR ☐ Even SPR ☐ Odd SUM ☐ Even SUM ☐ FA_SPR ☐ FA_SUM. ☐ SPR_SUM

9. **Additional resources required**

Return this form to the Associate Dean

3   Revised 11/29/2022