Certificate Degree Evaluation Revision Request

Send completed form/attachments to Curricular Services, General Services Complex, Suite 1501, MS 0100 or cars@tamu.edu
Questions: 979.845.8201 or cars@tamu.edu

DEADLINE: Monday, September 15, 2017

Submit this form and a copy of the edited degree evaluation “ONLY” if revisions are needed for the degree evaluation. Please make updates to your certificate program(s) for the degree evaluations in RED pen and attach to this form. Edited copies not revised in RED will be returned and not processed.

Updates are due to Curricular Services by Friday, September 15, 2017. All updates require approval of the AOC/GOC Dean.

Requests that revise curriculum or text referring to courses that count toward requirements must indicate the approved Faculty Senate number (FS#) that authorizes the revision. Failure to supply the approved proposal or the FS# from the Curricular Services course tracking charts or from the Curricular Approval Request System (CARS) may result in the return of the proof for such documentation. A list of approved certificate programs along with the approval documentation can be found on our website.

Requested curricular revisions that have not been approved through the curricular approval process will not be processed.

College: ___________________________ Department: ___________________________

Academic Level: ___________________________

Program Code: ___________________________
(ex., UCT-ANCO): ___________________________

Catalog Program Title: ___________________________
(ex., Analytics and Consulting) ___________________________

The following revisions are being requested (check all that apply):

Editorial
 o Order of rules, combining rules, correcting typographical errors

Approved Curricular Change
 o Attach Proposal
    Date approved__________________________
    FS #______________________________

Program Contact: ___________________________
(Print Name) ___________________________
Program Contact Email: ___________________________

Department Head: ___________________________
(Print Name) ___________________________
Department Head Signature: ___________________________

AOC/ GOC Dean: ___________________________
(Print Name) ___________________________
AOC/GOC Dean Signature: ___________________________

For Curricular Services Use Only

Date Received: ________________ Processed By / Date: ________________