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|  | **Request for New/Change***In Program Mission Statement* |  | Click or tap to enter a date. |
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| **Form Instructions:**Complete and print on the front and back of **ORANGE** paper; the form fields will expand to meet your needs. Forward completed form to the appropriate persons for their Approval/Denial in the order indicated below. Once Approval is received from the Graduate Council, submit electronically to curriculum@selu.edu; original to Chair, University Curriculum Council.  |

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| Submitted by College of:Choose an item. | Department offering Degree Program :Choose an item. |
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| Current Mission Statement:      | Proposed Mission Statement:      |
| ***If approved, this Mission Statement must be the same on both the Departmental website and in Weave.*** |
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| What program assessment results have prompted this change in your program’s Mission Statement? Reference specific departmental goals, outcomes (by year) and action plans that address this need.  |
| What other reason(s) has(have) prompted the need for this change in your program’s Mission Statement? |
| Council for Teacher Education approval needed? (Yes if any of the below are met):* This change affects any education undergraduate degree, graduate degree or certification program and/or
* This change affects components of electronic portfolios or any aspect of the assessment system and/or
* This change affects competency-based clinical practice of any type reported by education majors
 | **[ ]** Yes **[ ]**  No |
| Departments/colleges that could be affected by proposed change: | Have these departments/colleges been notified of the proposed change? **[ ]** Yes **[ ]**  No **[ ]**  Not Applicable |

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| **Approval/Denial of New Mission Statement** |

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| **1.** | [ ]  Approved[ ]  Denied | Chair, Dept. Curriculum Committee:  | Date: |
| **2.** | [ ]  Approved[ ]  Denied | Department Head: | Date: |
| **3.** | [ ]  Approved[ ]  Denied | Chair, College Curriculum Committee: | Date: |
| **4.** | [ ]  Approved[ ]  Denied | College/School Dean: | Date: |
| **5.** | [ ]  Approved[ ]  Denied | *(if applicable)*Chair, Teacher Education Council: | Date: |
| **6.** | [ ]  Approved[ ]  Denied | *(if applicable)*Dean of Education: | Date: |
| **7.** | [ ]  Approved[ ]  Denied | *(if applicable)*Chair, Graduate Council: | Date: |
| **8.** | [ ]  Approved[ ]  Denied | Chair, University Curriculum Council: | Date: |
| **9.** | [ ]  Approved[ ]  Denied | Provost: | Date: |
| **10.** | [ ]  Record Complete | AVP for Academic Programs: | Date: |

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| **Reason for Denial:**  |
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