|  |  |  |  |
| --- | --- | --- | --- |
|  | **Request for New/Change**  *In Program Mission Statement* |  | Click or tap to enter a date. |
|  | |
| **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](mailto:curriculum@selu.edu); original to Chair, University Curriculum Council. | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Submitted by College of:  Choose an item. | | | Department offering Degree Program :  Choose an item. | | | |
|  |  |  | |  |  | |
| Current Mission Statement: | | | Proposed Mission Statement: | | | |
| ***If approved, this Mission Statement must be the same on both the Departmental website and in Weave.*** | | | | | | |
|  | | | | | | |
| 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 | | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |

|  |
| --- |
| **Reason for Denial:** |
|  |