



# Program Approval Form

For approval of new programs and deletions or modifications to an existing program.

### Action Requested:

Create New (SCHEV approval required except for minors)

Inactivate Existing

Modify Existing (check **ALL** that apply)

Title (SCHEV approval required except for minors)

Concentration (Choose one):  Add  Delete  Modify

Degree Requirements

Admission Standards/ Application Requirements

Other Changes: \_\_\_\_\_

### Type (Check one):

B.A.  B.S.  Minor

Master's

Ph.D.

Undergraduate Certificate\*

Graduate Certificate\*

Bachelor's/Accelerated Master's  Other: \_\_\_\_\_

College/School:  Department:

Submitted by:  Ext:  Email:

Effective Term: Fall  Please note: For students to be admitted to a new degree, minor, certificate or concentration, the program must be fully approved, entered into Banner, and published in the University Catalog.

### Justification: (attach separate document if necessary)

	Existing	New/Modified
<b>Program Title:</b> (Required) Title must identify subject matter. Do not include name of college/school/dept.	Integrative Studies, BA	
<b>Concentration(s):</b>	Social Justice & Human Rights	
<b>Admissions Standards / Application Requirements:</b> (Required only if different from those listed in the University Catalog)		
<b>Degree Requirements:</b> Consult University Catalog for models, attach separate document if necessary using track changes for modifications		<b>Domestic Rights &amp; Justice = Add INTS 438 Representations of Race</b>  <b>Global Rights &amp; Justice = Add INTS 417 Human Trafficking</b>  <b>Electives = Add INTS 437 Critical Race Studies</b>
<b>Courses offered via distance:</b> (if applicable)		
<b>TOTAL CREDITS REQUIRED:</b>		

\*For Certificates Only: Indicate whether students are able to pursue on a  Full-time basis  Part-time basis

### Approval Signatures

Department \_\_\_\_\_ Date \_\_\_\_\_ College/School \_\_\_\_\_ Date \_\_\_\_\_

If this program may impact another unit or is in collaboration with another unit at Mason, the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

Unit Name	Unit Approval Name	Unit Approver's Signature	Date

### For Undergraduate Programs only

Undergraduate Council Member

Provost Office

Undergraduate Council Approval Date

**For Graduate Programs Only**

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Graduate Council Member

Provost Office

Graduate Council Approval Date

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*For Registrar Office's Use Only:* Received \_\_\_\_\_

Banner \_\_\_\_\_

Catalog \_\_\_\_\_

*revised 9/2/2016*