College: Education
Department: Curriculum and Instruction
Program Title: Master of Education (M.Ed.)-Visual Impairments

Program Type: □ Major □ Minor □ Concentration □ Certificate

Total Credit Hours: 33-36 Effective Date: 08/01/2018

Is the new program or change in existing program part of an accreditation requirement? If so, please explain.

Yes □ No □

Does this course involve academic units external to the originating college? If so, deans of all colleges involved must sign this form.

Yes □ No □

Attach a detailed description of proposed program to include the following: background information, academic justification, student need and demand, listing of courses with credit hour requirements or deletions, facility requirements, and any other pertinent information.

Department Chair: ___________________________ Grad. Council: ___________________________

College Dean: ___________________________ Graduate Dean: ___________________________

College Curriculum Commitee: ___________________________

Undergrad Curriculum Cmte: ___________________________ Provost: ___________________________

Acknowledgements from other units:

Department Chair: ___________________________ College Dean: ___________________________