

OFFICE OF ACADEMIC AFFAIRS
PROGRAM APPROVAL FORM



Undergraduate Graduate New Program Program Change

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? Yes No
If so, deans of all colleges involved must sign this form.

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 Committee: _____

Undergrad Curriculum Cmte: _____ Provost: _____

Acknowledgements from other units:

Department Chair: _____ College Dean: _____