**PROPOSAL FOR A NEW CONCENTRATION OR CHANGES TO AN EXISTING**

**CONCENTRATION WITHIN A GRADUATE DEGREE**

Complete this form to propose a new concentration within an existing graduate degree in the College of Arts and Sciences or to propose changes to an existing concentration. Please forward the form and any supplemental material to the Chair of the Board of Graduate Education at

FC-GradEducationCommittee@slu.edu.

**Department/Program**: Click here to enter text.

**Concentration Title**: Click here to enter text.

**Proposal Submitter**: Click here to enter text.

**Email Address**: Click here to enter text.

**Please provide the following information about your proposed concentration:**

1. Offer a description of the concentration that you would like to offer. If this is a change to an existing concentration, please highlight the changes being made.

Click here to enter text.

1. Why are you proposing this concentration now? Explain the rationale for this proposed concentration or change to an existing concentration and how it relates to other concentrations in your program, your program objectives, and/or SLU’s mission?

Click here to enter text.

1. Please describe in detail the requirements and course of study for the proposed concentration. Will course schedules in the department enable a student to complete all concentration requirements in the normal time frame of a degree?

Click here to enter text.

1. Please list new courses that must be created to satisfy the concentration requirements detailed above.

Click here to enter text.

1. Please list the desired learning outcomes for the proposed concentration.

Click here to enter text.

1. Does adding or changing this concentration require any new funding? If so, explain.

Click here to enter text.

1. Please list any other departments or programs that plan to cooperate to with the above department to offer this new concentration. \*\*\*For each additional department, a letter of support must be submitted with this proposal from a corresponding chairperson or program director.\*\*\*

Click here to enter text.

**Approval Signatures**

1. Department/Program Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. CAS Board of Graduate Education Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. CAS Assoc.Dean for Graduate Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies to: Department/Program \_\_\_\_\_ Faculty Council \_\_\_\_\_ Registrar \_\_\_\_\_