UNIVERSITY FACULTY SENATE FORMS

Academic Program Approval

This form is a routing document for the approval of new and revised academic programs. Proposing department should complete this form. For more information, call the Faculty Senate Office at 831-2921.

Submitted by: ___Linda C. Boyd______________phone number__831-8289____
Department: __School of Urban Affairs & Public Policy___email address__lcboyd@udel.edu__

Action: _______Adding specialization “Disability Services Leadership and Management”_______________
(Example: add major/minor/concentration, delete major/minor/concentration, revise major/minor/concentration, academic unit name change, request for permanent status, policy change, etc.)

Effective term_______________07F________________________________________________________________
(use format 04F, 05W)

Current degree_____MPA________________________________________________________
(Example: BA, BACH, BACJ, HBA, EDD, MA, MBA, etc.)

Proposed change leads to the degree of: _______MPA________________________________
(Example: BA, BACH, BACJ, HBA, EDD, MA, MBA, etc.)

Proposed name:_____Disability Services Leadership and Management_____________
Proposed new name for revised or new major / minor / concentration / academic unit
(if applicable)

Revising or Deleting:

Undergraduate major / Concentration:______________________________________
(Example: Applied Music – Instrumental  degree BMAS)

Undergraduate minor:____________________________________________________
(Example: African Studies, Business Administration, English, Leadership, etc.)

Graduate Program Policy statement change: ___Adding MPA Specialization_____
(Must attach your Graduate Program Policy Statement)

Graduate Program of Study:______________________________________________
(Example: Animal Science: MS  Animal Science: PHD  Economics: MA Economics: PHD)

Graduate minor / concentration: __Specialization addition____________________

List new courses required for the new or revised curriculum. How do they support the overall program objectives of the major/minor/concentrations)?
(Be aware that approval of the curriculum is dependent upon these courses successfully passing through
UAPP 667—Leadership for Vulnerable Populations c/l with IFST—course will focus on the programmatic, ethical and leadership issues when leading and managing both public and nonprofit organizations supporting vulnerable populations, particularly adults with developmental disabilities and the elderly.

IFST courses—IFST 670 Family Risk and Resilience
IFST 880 Families, Disabilities and Institutions
Two proposed IFST courses

**Explain, when appropriate, how this new/revised curriculum supports the 10 goals of undergraduate education:** [http://www.ugs.udel.edu/gened/](http://www.ugs.udel.edu/gened/)

**Identify other units affected by the proposed changes:**
(Attach permission from the affected units. If no other unit is affected, enter “None”)
IFST – Professor Eidelman’s primary appointment is IFST and UAPP is secondary. Program developed in conjunction with IFST Chair.

**Describe the rationale for the proposed program change(s):**
(Explain your reasons for creating, revising, or deleting the curriculum or program.) The purpose of this specialization is to offer students interested in community-based disability services for adults the opportunity to take advantage of U DE’s MPA program and acquire specific knowledge and skills in disability services for adults.

**Program Requirements:**
(Show the new or revised curriculum as it should appear in the Course Catalog. If this is a revision, be sure to indicate the changes being made to the current curriculum and include a side-by-side comparison of the credit distribution before and after the proposed change.) This is not a change but rather a specialization. A full description is attached in the prospectus for the program.

**ROUTING AND AUTHORIZATION:**
(Please do not remove supporting documentation.)
Department Chairperson _______________________________ Date________________
Dean of College ________________________________ Date________________
Chairperson, College Curriculum Committee ___________________________ Date________________
Chairperson, Senate Com. on UG or GR Studies ___________________________ Date________________
Chairperson, Senate Coordinating Com. _______________________________ Date________________
Secretary, Faculty Senate _______________________________ Date________________
Date of Senate Resolution _______________________________ Date to be Effective________________
Registrar _______________________________ Program Code ________________________ Date________________
Vice Provost for Academic Programs & Planning ___________________________ Date________________