

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: ___ Cheng-Shun Richard Fang _____ phone number ___ 1020 _____

Department: _Health, Nutrition, Exercise _____ email address ___ rfang@udel.edu _____

Action: _____ Adding a course requirement to the Human Nutrition MS program _____
(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 _____ 08F _____
(use format 04F, 05W)

Current degree _____ MS _____
(Example: BA, BACH, BACJ, HBA, EDD, MA, MBA, etc.)

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

Proposed name: _____
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: _____
(**Must attach** your Graduate Program Policy Statement)

Graduate Program of Study: _____ Human Nutrition: MS _____
(Example: Animal Science: MS Animal Science: PHD Economics: MA Economics: PHD)

Graduate minor / concentration: _____

Note: all graduate studies proposals must include an electronic copy of the Graduate Program Policy Document, highlighting the changes made to the original policy document.

Please see attached Graduate Student Manual which includes the program policy statement.

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 the Course Challenge list. If there are no new courses enter "None")

None

Explain, when appropriate, how this new/revised curriculum supports the 10 goals of undergraduate education: <http://www.ugs.udel.edu/gened/>

N/A

Identify other units affected by the proposed changes:

(Attach permission from the affected units. If no other unit is affected, enter "None")

None

Describe the rationale for the proposed program change(s):

(Explain your reasons for creating, revising, or deleting the curriculum or program.)

Philosophically, students with a master's in nutrition should have a graduate level course in micronutrients in addition to macronutrients. We examined other MS programs in human nutrition in our region. Most of them have two core course requirements, one each for macronutrients and micronutrients. Within our program, macronutrients are covered by a required course, NTDT611. We now propose to make the existing course NTDT630, Trace Minerals and Vitamins, as another required course, to cover micronutrients topic. This will reduce the total number of NTDT elective by three credits but have no impact on other program requirements.

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.)

See attachment

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 _____

Provost _____ Date _____

Board of Trustee Notification _____ Date _____