Request for New Major

Effective Date: FALL 2025	Submission Date:			
Department:	College of:			
Contact Person:	Session Based:	Yes	No	
Degree: Modality:				
Proposed Major:				
New Major – REQUIRES ACADEMIC PLANNIN	NG EXCEL ATTACHED.			

Used to create a new program and requires KBOR approval. Will become effective the upcoming academic catalog if all approvals received.

IMPORTANT: NEW MAJOR PROPOSALS SHOULD BE SUBMITTED NO LATER THAN THE OCTOBER LEGISLATION MONTH. THIS IS TO ALLOW GRADUATE COUNCIL APPROVAL KOBR REVIEW, APPROVAL, AND IMPLEMENTATION FOR THE FOLLOWING FALL SEMESTER.

Forms to accompany Approved Proposal

- A. PSU Request for New Major Form (preceding)
- B. PSU Legislative Process Authorization Sign-Off Sheet (preceding)
- C. KBOR Application for New Program, https://www.kansasregents.org/academic_affairs/new_program_approval or located on the FS website

The Provost's Office will notify the department, college and Registrar of the completion of the approval process.

1. Purpose/Justification for Major:

at PSU or an	y major proposal related to y other Regent University on between departments of	? If ''yes'' , please pro	ovide an ex	planation and t	
3. Will this c Teacher Educ Yes	change affect any education cation before submitting to No	n major? <i>If "yes," thi</i> Graduate Studies.	s requireme	ent will need app	roval of the Council for
	ional resources or costs wi t will be needed?	ill be required?	Yes	No	
5 Describe t	he program assessment pla	an·			
3. Describe t		an.			
	a. Enrollment targets =				
	b. Outcome expected and	process to evaluate =			
	c. Plan to abandon if enro	Ilment targets not met =	=		
Options	s available and number of ho	ours required.			
	Proposed				
	1 Thesis	Hours			
	2 Applied Research	Hours			
	3 Course Work	Hours			

Authorization Sign-Off

Checklist

Academic Planning Excel Attached Course Id's match Course Names Course hours are correct Courses are currently Active All fields completed KBOR forms attached Provost Office contacted

-Approved: Department Chair/Director				
Date:	Signature:			
-Approved: C	College Curriculum Chair			
Date:	Signature:			
-Approved: [Dean of College			
Date:	Signature:			
-Approved: C	Council for Teacher Education,	if applicable		
Date:	Signature:			
-Approved: Graduate Council Chair				
Date:	Signature:			

Following Graduate Council Approval, SUBMIT SIGN OFF SHEET AND FINAL COMPLETE PACKAGE, in electronic format, TO THE OFFICE OF THE PROVOST (220 RUSS HALL) FOR FORWARDING TO THE KANSAS BOARD OF REGENTS FOR BOARD APPROVAL. (MUST BE ENTERED INTO KBOR PI/CIP SYSTEM AT TIME OF SUBMISSION TO KBOR).