

Cover Memo for Proposed Admission and/or Standards Change (MTSU)

On-campus memo:

TO: Admission and Standards Committee

FROM: _____
*(Department Chair or Program Coordinator)** _____
*(College, Program or Department)**

Contact Person: _____ EMAIL _____

RE: _____
(Specify issue[s] being submitted to the committee.)

DATE: _____

Level or area to which change(s) would apply:

University College School Department Program
 Other? _____

Program(s) and/or student population(s) affected: _____

(Note that an Impact Data Form must be submitted along with the proposal.)

This change would fall into the following classification(s) (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Proposed change in GPA for admission | <input type="checkbox"/> Proposed change in policies or requirements for retention |
| <input type="checkbox"/> Proposed change in GPA for retention | <input type="checkbox"/> Proposed change in policies or requirements for graduation |
| <input type="checkbox"/> Proposed change in GPA for graduation | <input type="checkbox"/> Proposed change in grading scale |
| <input type="checkbox"/> Proposed change in test or pre-requisite requirements for admission | <input type="checkbox"/> Proposed change to academic program requirements |
| <input type="checkbox"/> Proposed change in other requirements for admission | <input type="checkbox"/> Proposed standards for a new program |
| <input type="checkbox"/> Proposed change in policies or requirements for placement | <input type="checkbox"/> Other |
| | _____ |

Description of Change Proposed:

(Attach separate sheet as needed.)

Rationale/justification for change *(Please ensure that all aspects and ramifications of the change are addressed. Attach separate sheet as needed.):*

Dissemination of information:

The following colleges, program or departments may be affected by this decision:

I certify that I (or my representative) have consulted with each college or program that may be affected by the proposed changes.

Proposer's signature _____

_____ Date

Other permissions sought: *If this change is connected to curriculum or program development, have the appropriate forms been submitted to the general education, curriculum or graduate committees? If a proposal will/may impact enrollment in specific courses or programs, have concerned departments or programs been consulted? Please include dates of submission and/or approval as relevant.*

Other signatures needed for approval of proposal:

Department Chair or Program Coordinator*

Date of initial proposal

College Dean *

Date of college approval

Chair Admission and Standards Committee

Date approved by ASC

Vice-President for Student Affairs / Vice-
Provost for Enrollment & Academic Services

Date approved by VPSA

Provost

Date approved by Provost

President

Date approved

* Note: When the proposal does not come from an academic unit, replace titles as needed. If a proposal comes directly from a dean or higher, the first signature may be omitted.