Academic Program Request Form

UNIVERSITY OF SOUTH ALABAMA
USA OFFICE OF THE REGISTRAR

Date of Request: _____

College: _____   Effective Term: _____

Program Name: _____   Program Code: _____

Note: *Names for new programs may be revised to provide consistency in the system. You will be notified of any change.*

Add a new program   Change an existing program
(indicate change)

Student Level
- ○ Undergraduate
- ○ Graduate
- ○ Medicine
- ○ First Professional

Course Level
- ○ Undergraduate
- ○ Graduate
- ○ Medicine
- ○ First Professional

Major Fees* (check all that apply)
- ☐ Biomedical Library Fee
- ☐ Professional Liability Fee
- ☐ Resource Fee

*This does not replace special course fees

Degree/Cert (List degree or certification associated with program) _____
Note: *The full degree name should only be used when it is standard in the discipline (e.g., computing, engineering).*

Approximate Time to Complete Program _____   Total Credits in Program _____

Percentage of program offered ONLY online _____

Attached Major(s)

Action (Add/Delete)	Code	Description	CIP code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attached Concentration(s)

Action (Add/Delete)	Code	Description	Attached Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Request (Required)

_____

Dean: _____   Date: _____

VP Health Services *(if applicable):* _____   Date: _____

Senior VP Academic Affairs: _____   Date: _____

Gainful Employment   ☐Yes   ☐No   FA _____   Depart. of Ed. Approval   ☐Yes   ☐No

Senior Vice Provost _____   Date: _____

SACS/ACHE Notification *(if applicable)* _____   Date: _____

The final approved APR form will be retained in the Office of the Registrar   *Revised: 7/15/2022*