



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
Office of Academic Programs • 440 • (916) 243-3308
REQUEST FOR A PROGRAM MODIFICATION

Program Modification Form Checklist

The sections listed below are required on the program modification form. Please review the proposal and check off each section to indicate that each section has been completed and include the completed checklist as the cover page for the proposal. If you have any questions regarding this checklist and/or form, please contact the Office of Academic Programs.

Proposed effective term (i.e., fall 2021)

Include current state-side program information in section #1.

Complete proposed changes

- a. Select all that apply and complete/attach ALL relevant information

Evidence of consultation with affected departments/programs

Include college dean's impact statement as an attachment

Include CEIE dean's impact statement as an attachment

Include proposed budget for self-support program

Campus-wide sharing (Curriculum Register) synopsis



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REQUEST TO ADD SELF-SUPPORT OPTION TO AN EXISTING DEGREE PROGRAM

Proposer Name: _____ **Email:** _____ **Date:** _____

College: _____ **Dept.:** _____ **Ext.:** _____

Proposed Effective Term: _____

Full & Exact Program Name: _____

Delivery Type:	Fully Face-to-face	Fully Online	Hybrid	
			% Face-to-face	% Online

Complete and include the following information:

I. Information for Existing State-Side Program

Full & Exact Degree Designation & Title _____

Program Name: _____

Program Type:	Graduate	Undergraduate		
	Option/Concentration/Emphasis	Certificate	Credential	

Delivery Type:	Fully Face-to-face	Fully Online	Hybrid	
			% Face-to-face	% Online

CIP Code: _____

CSU Degree Code: _____

Complete and include the following information for the proposed self-support version of the program as an attachment:

II. Rationale

1. Rationale for the new support mode.
2. Evidence and confirmation the existing state-support offering is not being supplanted.
3. Specification of the program’s qualification(s) to operate as a self-support special session (per [EO 1099 Article 6](#)).

III. Resources: Consult with the College of Extended & International Education regarding budget and enrollment.

1. Detailed cost-recovery budget specifying student fees per unit and total student cost to complete the program using the Chancellor’s Office template found [here](#).
2. Anticipated enrollment.
3. Campus commitment to provide adequate faculty resources.



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4. Anticipated impact on the existing state-support program resources

IV. Implementation

1. Attach copy of approved existing state-side assessment plan.
2. Provide a course offering plan for first 3 years of implementation using the following template.
3. Describe how accreditation requirements will be met, if applicable, and the anticipated date of accreditation request (including the WASC Substantive Change process).

V. Impact Statements from College Dean and CEIE Dean (Reference the Dean's Impact Statement [checklist](#))

VI. Attach evidence of consultation with ALL affected departments.

VII. Curriculum Register Synopsis: Include rationale for self-support offering to be published in the Curriculum Register for campus-wide sharing.



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Faculty Proposer (Print)	Faculty Proposer Signature	Date

Dept Chair/Prog. Coord. (Print)	Dept Chair/Prog. Coord. Signature	Date

Department Curriculum Chair/Designee (Print)	Department Curriculum Chair/Designee Signature	Date

College Curr. Committee Chair/Designee (Print)	College Curr. Committee Chair/Designee Signature	Date

Provost/Designee (Print)	Provost/Designee Signature	Date

President/Designee (Print)	President/Designee Signature	Date