### Graduate Council

**Program, Option, or Minor Proposal Form**

Submit the signed proposal form and the program proposal as attachments via email to graddeansoffice@psu.edu. For more information about the process, see the [Overview of the Graduate Council Curricular Review Process](#).

The [Program Proposal Procedures](#) provide guidance for the development of a graduate program proposal. If you have questions regarding the preparation of a graduate program proposal or how to complete this Graduate Council proposal form, contact the [Office of the Dean of the Graduate School](#).

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**College/School:** ______________________________________________________________________________________________

**Department or Instructional Area:** ________________________________________________________________________________

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#### New Graduate Program, Option, or Minor: Add

<table>
<thead>
<tr>
<th>Designation of new graduate program:</th>
<th>Classification of Instructional Programs (CIP) Code: _____________</th>
</tr>
</thead>
</table>
| Designation of new graduate option:  | _______________________________________________________________________
| Designation of new graduate minor:   | _______________________________________________________________________

Indicate effective semester:

- First semester following approval
- Second semester following approval

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#### Existing Graduate Program Option, or Minor: Change   Drop

| Current designation of graduate program: | _______________________________________________________________________
| Current designation of graduate option:  | _______________________________________________________________________
| Current designation of graduate minor:   | _______________________________________________________________________

New designation of existing graduate program (if changing): _______________________________________________________________________

New designation of existing graduate option (if changing): _______________________________________________________________________

New designation of existing graduate minor (if changing): _______________________________________________________________________

Brief description of the change (if not noted above): _______________________________________________________________________

Indicate effective semester:

- First semester following approval
- Second semester following approval

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**Submitted by Graduate Program Head**

| Printed name | Signature | Date: _____________ |

**Noted by College/School Representative to Graduate Council Subcommittee on New and Revised Programs and Courses:**

| Printed name | Signature | Date: _____________ |

**Approved by College/School Dean/Chancellor (or Designee):**

| Printed name | Signature | Date: _____________ |