Program Plan Modification Form

1. Basic Program Information

1. Program Name	
2. Academic Degree of the Program	
3. Faculty	
4. Department	
5. Program Duration	
6. Credit Hours	
7. Accrediting Bodies	
8. Program Establishment/Last Plan Revision Date	

2. Program Coordinator

Name, Position, Contact Information:

3. Type of Plan Modification

This is a major modification to the program plan, involving changes to multiple courses and requirements.	☐
This is a minor modification to the program plan, involving the addition or revision of fewer than three courses or requirements.	☐

4. Justifications for the Plan Modification

(e.g., changes based on student feedback and needs, inclusion of important topics not covered in the previous plan, or to meet national and international accreditation requirements)

5. Relation to Labor Market Requirements

(e.g., changes based on employer feedback and graduate satisfaction)

6. Alignment with University Mission and Strategic Plan

7. Targeted Learning Outcomes

If the modification is major, please explain how the changes affect the targeted learning outcomes.

8. Faculty Members

Please indicate whether the modification requires additional faculty members to teach the new courses.

If no new faculty are needed, and the modification involves adding new courses, please explain how current faculty can accommodate the changes.

9. Facilities and Equipment

Does the modification require additional facilities, equipment, office space, or services?

No	☐
Yes, please specify the needs in each area	☐

10. Impact on Other University Programs

Will other programs be affected by this modification?

No	☐
Yes, please specify the affected programs	☐

11. New and Modified Courses

Course Name	Required/Elective	Nature of Modification (Add, Remove, Rename, Content Update)

12. Required Attachments

Updated Program Specification Form	☐
Program Development and Revision Guide	☐

13. Signatures

Program Coordinator: _____ Signature: _____ Date: _____

Curriculum Committee Chair/Department: _____ Signature: _____

Department Head: _____ Signature: _____

Dean: _____ Signature: _____