I. BASIC INFORMATION

1. School/College:
________________________________________________________

2. Department/Division:
________________________________________________________

3. Degree:
________________________________________________________

4. Major:
________________________________________________________

5. Proposed date for change in high-demand status:
________________________________________________________

II. CAPACITY INFORMATION:

Please provide the following information on an attached sheet:

1. Anticipated number of applicants: If the capacity is smaller than the anticipated number of applications, this major may be designated as high-demand.

   a. The capacity of the sophomore or junior class for both this academic year and subsequent academic years.

   b. The anticipated number of applications for both this academic year and the subsequent academic year.
2. High-Demand Majors:
(see parts three and four of the policy statement)

a. What is the academic justification for restricting the major?

b. Attach responses from other schools and colleges. [This response is required if the program’s plan will limit access to previously approved required course work, including previously approved group electives, in majors in other colleges.]

c. Provide criteria used to determine which of the applicants meeting entrance requirements will be admitted to the major.

d. Provide a contact person for information concerning the criteria and application deadlines.

III. SIGNATURES:

_________________________________________  ___________________________
Department Head                          Department                          Date

_________________________________________  ___________________________
College/School Committee Chair              School/College                        Date

_________________________________________  ___________________________
Dean                                          School/College                        Date

_________________________________________  ___________________________
Enrollment Cap Oversight Committee Chair        Date

_________________________________________  ___________________________
Provost and Vice President for Academic Affairs Date