

# Request for Curriculum Council Action – Academic Certificates

To: Associate Dean of Curricular and Faculty Development, Mellon Center, [melncntr@iwu.edu](mailto:melncntr@iwu.edu)

Date submitted: \_\_\_\_\_

From: (Name) \_\_\_\_\_

(Department) \_\_\_\_\_

(Name) \_\_\_\_\_

(Department) \_\_\_\_\_

1. Written Rationales: Attach a written rationale, following the guidelines in the Curriculum Council Handbook, which is posted on <https://www.iwu.edu/mellon-center/CC.html>

2. Proposed CC Action:

New Academic Certificate. Please list all required courses with corresponding IWU Shared Curriculum attributes if any, and credit units:

\_\_\_\_\_

\_\_\_\_\_

Change in title

Deletion of Academic Certificate

New course(s) within an existing Academic Certificate

Revised Academic Certificate

Other (please specify)

3. Please include the proposed catalog description in your rationale.

4. When are you planning to start offering the Academic Certificate?

Fall     Spring     May Term     Summer Term    \_\_\_\_\_ Year

5. If your proposal is approved, would you be willing for the Mellon Center to use it as an exemplary submission in the online CC Handbook?

Yes     No

6. Is/are there any other department(s), school(s), or program(s) affected in any way by this request?

No     Yes – In what way? \_\_\_\_\_

\_\_\_\_\_  
Signatures of the Head(s) of the Affected Department(s), School(s) or Program(s)

7. The CC assumes that the faculty members of your department, program, or school have seen and approved of this request. Please sign below if this assumption is correct.

\_\_\_\_\_  
Signature of Faculty Member(s) Primarily Responsible for this Proposal

\_\_\_\_\_  
Signature of Head(s) of the Department(s), School(s), or Program(s)