Academic Standards Change Form

Ouachita Baptist University

**Date Submitted**:

**Academic Year Change Goes into Effect**:

**Confirm (X) Vice President for Academic Affairs Approval**:

**State the proposed change**:

**State the rationale of the proposed change**:

**Indicate how the proposed change may impact a student’s degree plan.**

**Indicate how the proposed change should appear in the general catalog.**

**Indicate (X) and briefly explain method(s) of evaluating effectiveness of proposed change.**

|  |  |  |  |
| --- | --- | --- | --- |
| Quantitative Assessment | | Qualitative Assessment | |
|  | Exit Exams |  | Advisory Board Recommendations |
|  | Pass Rates |  | Outside Reviews |
|  | Test Scores |  | Surveys |
|  | Other |  | Other |
|  | N/A |  | N/A |
|  | | | |
| Explain: | | | |
|  | | | |

**Curriculum and Academic Standards Committee Recommendation**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Approved |  | Clarification and/or Revision Needed |
|  | | | |

**Comments**

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