Program Approval Form

For approval of new programs and deletions or modifications to an existing program.

**Action Requested:**
- Create New (SCHEV approval required except for minors and certificates)
- Delete Existing
- Modify Existing (check all that apply)

**Type** (Check one):
- B.A.
- B.S.
- Minor
- Undergraduate Certificate
- M.A.
- M.S.
- M.Ed.
- Ph.D.
- Graduate Certificate
- Other: MPH

**Title (SCHEV approval required except for minors, certificates):**

**Concentration (Choose one):**
- Add
- Delete
- Modify

**Degree Requirements**

**Admission Standards**

**Application Requirements**

**Other Changes:**

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**College/School:** College of Health and Human Services  
**Department:** Global & Community Hlth/Hlth Admin Policy  
**Submitted by:** Ali Weinstein  
**Ext:** X39632  
**Email:** aweinst2@gmu.edu

**Effective Term:** Fall 2010  
**Please note:** For students to be admitted to a new degree, minor, certificate or concentration, the program must be fully approved, entered into Banner, and published in the University Catalog.

**Justification:** (attach separate document if necessary)

This change is to clean-up a mistake that was made. The MPH concentration should be titled Public Health Administration. However, currently it is listed as Health Administration and Policy.

**Program Title:** (Required)

Title must identify subject matter. Do not include name of college/school/dept.

**Concentration(s):**

<table>
<thead>
<tr>
<th>Existing</th>
<th>New/Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Administration and Policy</td>
<td>Public Health Administration</td>
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</table>

**Admissions Standards / Application Requirements:**

(Required only if different from those listed in the University Catalog)

**Degree Requirements:**

Consult University Catalog for models, attach separate document if necessary using track changes for modifications

**Courses offered via distance:**

(if applicable)

**TOTAL CREDITS REQUIRED:**

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**Approval Signatures**

Department | Date | College/School | Date | Provost’s Office | Date
---|---|---|---|---|---

**If this program may impact another unit or is in collaboration with another unit at Mason,** the originating department must circulate this proposal for review by those units and obtain the necessary signatures prior to submission. Failure to do so will delay action on this proposal.

**For Graduate Programs Only**

Graduate Council Member  
Provost Office  
Graduate Council Approval Date

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**For Registrar Office’s Use Only:** Received  
Banner  
Catalog  
revised 5/6/10