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|  | **SOUTH DAKOTA BOARD OF REGENTS**  ACADEMIC AFFAIRS FORMS |
| Substantive Program Modification Form |
|  |  |

Use this form to request minor changes in existing programs (majors, minors, certificates, or specializations).

|  |  |
| --- | --- |
| **UNIVERSITY:** | DSU |
| **CURRENT PROGRAM DEGREE:** | **Certificate** |
| **CURRENT PROGRAM MAJOR/MINOR:** | **Paraprofessional** |
| **CURRENT SPECIALIZATION** *(If applicable)***:** |  |
| **CIP CODE:** | **13.1501** |
| **UNIVERSITY DEPARTMENT:** | **College of Education** |
| **BANNER DEPARTMENT CODE:** | **DCOE 8E** |
| **UNIVERSITY COLLEGE:** | **Education** |
| **BANNER COLLEGE CODE:** | **DEDU** |

**University Approval**

*To the Board of Regents and the Executive Director: I certify that I have read this proposal, that I believe it to be accurate, and that it has been evaluated and approved as provided by university policy.*

|  |  |  |
| --- | --- | --- |
| A picture containing text  Description automatically generated |  | 11/7/2023 |
| Vice President of Academic Affairs or President of the University |  | Date |

|  |
| --- |
|  |

1. **This modification addresses a change in (*place an “X” in the appropriate box*):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total credits required within the discipline |  | Total credits of supportive course work |
|  |  |  |  |
|  | Total credits of elective course work |  | Total credits required for program |
|  |  |  |  |
|  | Program name |  | Existing specialization |
|  |  |  |  |
|  | CIP Code |  | Other (explain below) |

1. **Effective date of change: 1/8/2024**
2. **Program Degree Level (*place an “X” in the appropriate box*):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Associate |  | Bachelor’s |  | Master’s |  | Doctoral |  |
|  |  |  |  |  |  |  |  |

1. **Category (*place an “X” in the appropriate box*):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Certificate |  | Specialization |  | Minor |  | Major |  |

1. **If a name change is proposed, the change will occur (*place an “X” in the appropriate box*):**

|  |  |
| --- | --- |
|  | On the effective date for all students |

|  |  |
| --- | --- |
|  | On the effective date for students new to the program (enrolled students will graduate from existing program) |
|  |

|  |  |
| --- | --- |
| **Proposed new name:** | **Teacher Apprenticeship** |
|  | *Reminder: Name changes may require updating related articulation agreements, site approvals, etc.* |

1. **Primary Aspects of the Modification (*add lines or adjust cell size as needed*):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Existing Curriculum* | | | | | *Proposed Curriculum (highlight changes)* | | | | |
| **Pref.** | **Num.** | **Title** | **Cr.**  **Hrs.** |  | | **Pref.** | **Num.** | **Title** | **Cr. Hrs.** |
|  |  |  |  |  | |  |  |  |  |
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|  |  |  |  |  | |  |  |  |  |
|  |  | Total Hours Required |  |  | |  |  | Total Hours Required |  |

1. **Explanation of the Change:**

Dakota State University has partnered with many entities on the South Dakota Teacher Apprenticeship Pathway, which includes the South Dakota Department of Education. Through conversations with the South Dakota Department of Education, a name change of this certificate better reflects the common language being used throughout the state and nation.