**COVER SHEET - Alternative Pathway FACULTY-Initiated Proposal Form (Version 1.2)**

Commission on Undergraduate Studies and Policies Effective September 2016

•**PRINT CLEARLY, TYPE or COMPLETE ELECTRONICALLY•**

|  |
| --- |
| **General Information** |
| **ALTERNATIVE PATHWAY NAME:** |  |
|  |  |
| **PROPOSAL DATE:**  |  |
|  |  |
| **EFFECTIVE DATE:**  |  | **EXPECTED DATE OF COMPLETION:** |  |
| *Faculty Mentor Information:* |
| **FACULTY NAME:** |  | **DEPARTMENT:** |  |
|  |  |  |  |
| **DEAN AND/OR DEPT CONTACT:** |  | **CONTACT MAILCODE:**  |  |
|  |  |  |  |
| **CONTACT PHONE:** |  | **CONTACT EMAIL:** |  |

|  |
| --- |
| **Please count this course toward any of the following scorecard metrics area by inserting an X:** |
|  |
|  | Study Abroad  |  | Service Learning  |  | Experiential |  | Undergraduate Research |
|  |  |  |  |  |  |  |  |
| *Scorecard Metrics Definitions can be found here:* [*http://www.registrar.vt.edu/faculty/forms/scorecard-metrics.html*](http://www.registrar.vt.edu/faculty/forms/scorecard-metrics.html) |

By signing, you approve that this program meets the requirements of an Alternative Pathway and that upon completion the participant should receive credit for the Pathways requirements met.

|  |  |  |  |
| --- | --- | --- | --- |
| *Faculty Mentor for Program* |  | *Date* |  |
| *Mentor’s Academic Dept Head or Chair* |  | *Date* |  |
| *Faculty Mentor’s Academic Dean* |  | *Date* |  |
| *Office of General Education* |  | *Date* |  |

**Pathways Concepts:**

*You can find information about the concepts at* [*pathways.prov.vt.edu*](file:///C%3A%5CUsers%5Cbiscotsm%5COneDrive%5CVT%20Gen%20Ed%20Coordinator%5CVT%20Gen%20Ed%20Info%5CUCCLE%5CImplementation%20Plan%202015-16%5Cpathways.prov.vt.edu)*.*

1. List each core concept associated with this Alternative Pathway and describe how each concept will be met (minimum 3):
2.
3.
4.
5. Describe how each integrative concept will be met upon completion of this Alternative Pathway (must meet both):
	1. Intercultural and Global Awareness:
	2. Ethical Reasoning:

**Narrative**

Provide a description of this alternative pathway. What will the students be doing in this Alternative Pathway? What do you hope the students will achieve by completing this program? How does this Alternative Pathway meet the mission and principles of Pathways (integration, inclusivity, and relevance)?

*Response here*

**Courses involved in the Alternative Pathway**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Dept** | **Course Number** | **Course Title** | **Approved Pathways Course?** **If so, write Pathways concept(s). If not, justify concepts met (with student learning indicators).** | **Pre/Co requisites?** | **Any restrictions (i.e. level / major only)** | **When are students expected to take this course?** | **Credit hours** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*Note: Attach syllabi for each course listed.*

**Experiences (non-courses) involved in the Alternative Pathway**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of experience** | **Description of which concept and student learning outcomes are met through the experience** | **Host** | **Credit hours** | **Start Date** | **End Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Capstone:**

Describe the culminating project you will complete at the end of this program to pull it all together.

*Response here*