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| S:\Communications\Logos and photos\SDBORLogos\final_sdbor_webreadyBW_trans.gif | **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 TITLE:** | **PhD in Information Systems – Information Assurance Specialization** |
| **CIP CODE:** | **11.0401** |
| **UNIVERSITY DEPARTMENT:** | **College of BIS** |
| **UNIVERSITY DIVISION:** |  |

**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.*

|  |  |  |
| --- | --- | --- |
|  |  | 4/28/2020 |
| 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 |
|  |  |  |  |
|[x]  Program name |[ ]  Existing specialization |
|  |  |  |  |
|[ ]  CIP Code |[ ]  Other (explain below) |

1. **Effective date of change: 7/1/2020**
2. **Program Degree Level (*place an “X” in the appropriate box*):**

|  |  |  |  |
| --- | --- | --- | --- |
| Associate |[ ]  Bachelor’s |[ ]  Master’s |[ ]  Doctoral |[x]

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

|  |  |  |  |
| --- | --- | --- | --- |
| Certificate |[ ]  Specialization |[x]  Minor |[ ]  Major |[ ]

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

|  |
| --- |
|[x]  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:**  | **Information Systems Cyber Security Specialization** |
|  | *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.** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | No changes |  |
|  |  |  |  |  |  |  |  |  |
| Total number of hours required for major, minor, or specialization |  |  | Total number of hours required for major, minor, or specialization |  |
| Total number of hours required for degree |  |  | Total number of hours required for degree |  |

1. **Explanation of the Change:**

The name of the specialization is being changed to reflect more current terminology.