**This form is used for the following RPAG requests:**

* Continuation of the current RPAG restrictions that are in place (with no modifications requested)
* Modification of current RPAG restrictions and are requesting **decreased** restrictions
* Modification of current RPAG restrictions and are requesting **complete elimination** of all restrictions
* Modification of a current RPAG restriction that is very minor (e.g., replacing one pre-requisite course with another). Questions may be directed to the RPAG facilitator, Paula Maxwell ([maxwelpj@jmu.edu](mailto:maxwelpj@jmu.edu)) or Elizabeth Oldmixon ([oldmixea@jmu.edu](mailto:oldmixea@jmu.edu)), Vice Provost for Faculty Affairs and Curriculum.

|  |  |  |
| --- | --- | --- |
| **Program Name and Degree:** | Click to enter text | |
| **Faculty Member/Proposer’s Name:** | | Click to enter text |
| **Action Requested: (Select one)** | | |
| Continue with the currently-approved RPAG restrictions (with no modifications)  Modify current RPAG restrictions (DECREASING restrictions)  Eliminate all restrictions for this program (leaving no RPAG restrictions)  Modify current RPAG restrictions (MINOR restrictions – see above) | | |
| 1. **Current RPAG approved restrictions are (insert restrictions currently approved by RPAG):**   Click to enter text | | |
| 1. **For modifications to decrease restrictions, explain the proposed changes to the restrictions:**   Click to enter text | | |
| 1. **For all renewals, please insert a table showing the numbers of applications received and admittances given each year for the past four years:** | | |
| 1. **For elimination of restrictions or modifications to decrease restrictions, provide a short rationale for the change:**   Click to enter text | | |

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| --- | --- | --- |
| **Signatures** |  |  |
| Click to enter text |  | Click to enter a date |
| **AUH Name (printed)** | **Signature** | **Date** |
| Click to enter text |  | Click to enter a date |
| **Dean Name (printed)** | **Signature** | **Date** |

**RPAG Office Use Only Below This Line**

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| --- |
| **Action Taken:** |
| Approved/Recommended to Academic Council |
| Comments: Click to enter text |
|  |
| Denied |
| Comments: Click to enter text |
|  |
| Tabled |
| Rationale: Click to enter text |
|  |
| Other action taken: Click to enter text |
| Explanation or information needed: Click to enter text |

|  |  |  |
| --- | --- | --- |
| **Date Action Taken by RPAG:** | | Click to enter a date |
|  |  | |
| **RPAG Chair Signature:** |  | |

**Date Approved by Academic Council and Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**