Proposal Title: ____________________________________________________________

Lead Sponsor: __________________________________________ Email: _______________________

Type of Proposal: ☐ New Course in an existing program ☐ New Course in a new program ☐ Change(s) to existing course(s)

Name of Degree/Non-Degree Program: _______________________________________________________________

Department: ____________________________ College: ____________________________

DEPARTMENT AND DEAN APPROVAL (Signatures Required for Submission to University Senate Office):

Dept. Chair: ____________________________ Date: __________

Dept. Head (if applicable): ____________________________ Date: __________

Dept Curriculum Chair: ____________________________ Date: __________

Academic DEAN: ____________________________ Date: __________

Academic DEAN (Interdisciplinary): ____________________________ Date: __________

COLLEGE CC APPROVAL: Open Hearing Date: __________ ☐ Approved ☐ Not Approved

Signature College Curriculum Chair: ____________________________ Date: __________

SENATE CC CHAIR APPROVAL: ☐ Approved ☐ Not Approved

Signature Senate Curriculum Chair: ____________________________ Date: __________

Comments: __________________________________________________________

________________________________________________________

PROVOST APPROVAL: ☐ Approved ☐ Not Approved

Provost Signature: ____________________________ Date: __________

REGISTRAR ACKNOWLEDGEMENT:

Registrar Signature: ____________________________ Date: __________

PROVOST’S OFFICE TRANSMITTAL NOTIFICATION:

Date: __________ Signature: ____________________________