Proposal Title: ____________________________________________________________

Lead Sponsor: _______________________________ Email: _______________________

Name of Degree/Non-Degree Program: ________________________________________

Department: _______________________________ College: _______________________

Interdisciplinary □ No □ Intra-College □ Inter-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 (Optional): _______________________________ Date: ___________

COLLEGE CC APPROVAL: Open Hearing Date: ___________ □ Approved □ Not Approved

Signature College Curriculum Chair: _______________________________ Date: ___________

SENATE CC APPROVAL  Open Hearing Date: ___________ □ Approved □ Not Approved

Signature Senate Curriculum Chair: _______________________________ Date: ___________

Comments: ____________________________________________________________

__________________________ _________________________

PROVOST APPROVAL: □ Approved □ Not Approved

Provost Signature: _______________________________ Date: ___________

REGISTRAR ACKNOWLEDGEMENT:

Registrar Signature: _______________________________ Date: ___________

PROVOST OFFICE TRANSMITTAL NOTIFICATION:

Date: ___________ Signature: _______________________________