PROCESS Q Curriculum Submission Form

Quasi-Curriculum Proposal

Proposal Title: _____________________________________________

Lead Sponsor: ____________________________________________ Email: _______________________

Department: _____________________________________________ College: _______________________

Interdisciplinary  □ No  □ Intra-College  □ Inter-College

DEPARTMENT APPROVAL

Dept. Chair: ___________________________ Date: ____________

Dept. Head (if applicable): ___________________________ Date: ____________

Dept Curriculum Chair: ___________________________ Date: ____________

Academic DEAN: ___________________________ Date: ____________

DEAN APPROVAL

Academic DEAN: ___________________________ Date: ____________

Academic DEAN (Interdisciplinary): ___________________________ Date: ____________

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

Signature College Curriculum Chair: ___________________________ Date: ____________

SENATE CC APPROVAL:

Committee Open Hearing Date: ____________ □ Approved  □ Not Approved

Full Senate Vote 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: ___________________________