

PROCESS Q Curriculum Submission Form

Rowan University Senate

18-19

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: _____