PROCESS A Curriculum Submission Form   Rowan University Senate

17-18

To Propose a New Course or Change (an) Existing Course(s) (Non-Rowan Core)

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: _____