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: __________________________