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: ____________________________________________