PROCESS Q Curriculum Submission Form	Rowan Univ	ersity Senate	17-18-
Quasi-Curriculum Proposal			
Proposal Title:			
Lead Sponsor:	Email:		
Department:		College:	
Interdisciplinary		☐ Inter-College	
DEPARTMENT APPROVAL			
Dept. Chair:	_ Date:		_
Dept. Head (if applicable):		Date:	
Dept Curriculum Chair:		Date:	
Academic DEAN:		Date:	
DEAN ADDDOVAL			
DEAN APPROVAL Academic DEAN:		Date:	
Academic DEAN (Interdisciplinary):		Date:	
COLLEGE CC APPROVAL: Open Hearing Date:		pproved	☐ 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:			
DROVOST ADDROVAL		d	
PROVOST APPROVAL: Approved	☐ Not Approv		
Provost Signature:		Date:	
REGISTRAR ACKNOWLEDGEMENT:			
Registrar Signature:		Date:	
PROVOST OFFICE TRANSMITTAL NOTIFICATION:			
Date: Signature:			