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 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: __________________________