PROCESS D Curriculum Submission Form  Rowan University Senate

To Propose Major Changes (4 or more) to an Existing Degree or Non-Degree Program

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. 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: ______________________________