To Propose a New Degree Program (Bachelor, Masters, or Doctorate)

New Program Name: ____________________________________________________________

Lead Sponsor: __________________________________________ Email: ______________________

Type of Degree: ___________________ Date of BOT Preliminary Approval: ______________________

Department: __________________________ College: __________________________

If CHSS check □ Humanities □ Social Sciences

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:

Committee Open Hearing Date: ___________ □ Approved □ Not Approved

Full Senate Vote Date: ___________ □ Approved □ Not Approved

Signature Senate Curriculum Chair: __________________________ Date: __________

Comments: ____________________________________________________________________

______________________________________________________________________________

PROVOST APPROVAL: □ Approved □ Not Approved

Provost Signature: __________________________ Date: __________

BOT and STATE APPROVALS:

AA Subcommittee Date: ___________ BOT Approval Date: ___________ State Approval Date: ___________

REGISTRAR ACKNOWLEDGEMENT:

Registrar Signature: __________________________ Date: __________

PROVOST OFFICE TRANSMITTAL NOTIFICATION:

Date: ___________ Signature: __________________________