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: ____________________________