

SUBMISSION DEADLINE: December 1, 2010

MAJOR

Sponsor(s) _____ e-mail: _____
_____ e-mail: _____
_____ e-mail: _____

DEPARTMENT _____
College _____

RESTRICTION

CRITERIA: (Check Appropriate Box(es))

- Accreditation
- Artistic Qualifications
- Field Placement
- Lab Space
- Licensure
- Other (Specify): _____

Consultation with CAP Center Required (attach to application)

Signatures Required: representing approval before submission to Office of the Senate

Department Chair: _____ Date: _____
Department CURRICULUM Chair: _____ Date: _____
Academic DEAN: _____ Date: _____

COLLEGE CURRICULUM COMMITTEE: Open Hearing Date: _____
Approved _____
Not Approved _____

Signature: College Curriculum Chair _____

Signature: SENATE CURRICULUM CHAIR _____
Date: _____

Comments: _____

Signature: Executive Vice President/Provost: _____
Date: _____
Approved: _____
Not Approved: _____

Signature: REGISTRAR _____
Date: _____ Course Description Received & Approved
Rowan Course # _____

Notification Forward:

| | |
|-----------------|--------------------------|
| _____ SCC CHAIR | _____ Academic Dean |
| _____ IR | _____ Department Chair |
| _____ CAP | _____ VP/Student Affairs |
| _____ Registrar | _____ Other- |

