Proposal Title: ________________________________________________________________

Lead Sponsor: ___________________________________ Email: ________________________

Name of Degree/Non-Degree Program: ___________________________

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 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: ___________________________