**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: ________________________________