New Program Name: ____________________________________________________________

Lead Sponsor: ________________________________________________________________

Email: ________________________________

Department: ________________________________________________________________

College: ____________________________

If CHSS check □ Humanities □ Social Sciences

Interdisciplinary □ No □ Intra-College □ Inter-College

DEAN APPROVAL (One Dean Signature is required for submission to the University Senate Office):

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: __________

REGISTRAR ACKNOWLEDGEMENT:

Registrar Signature: __________________________ Date: __________

PROVOST OFFICE TRANSMITTAL NOTIFICATION:

Date: ______________ Signature: __________________________