NEW PROGRAM PROPOSAL

____Undergraduate ___Masters ___Ph.D. ___Certificate**

Program Title:

Degree to be Conferred:

Administrative Unit Proposing Program:

Date of Submission:

Brief Summary of Proposed Program:

Signatures:

_____ _____
Department/School Curriculum Chair* Date

_____
Printed Name and contact information

_____ _____
Department/School Chair* Date

_____
Printed Name and contact information

_____ _____
College Curriculum Chair Date

_____
Printed Name and contact information

_____ _____
College Dean Date

Approved by:

_____ _____
University Curriculum Council Program Chair Date

_____ _____
University Curriculum Council Chair Date

_____ _____
Provost Date

*Where the proposal originates within a department or school
**Interdisciplinary Certificate Programs should append memos of approval

April 2006