

# New Graduate Degree Program Conceptual Abstract

**Program Name:** \_\_\_\_\_

**Department Contact(s) w/phone #(s):**

## Required Signatures

**The Department of \_\_\_\_\_**  
**has reviewed and approved this conceptual abstract**

\_\_\_\_\_  
Chair, Department Curriculum Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

**The College of \_\_\_\_\_**  
**has reviewed and approved this conceptual abstract**

\_\_\_\_\_  
Chair, College Curriculum Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Date

**Graduate Studies has reviewed and approved this conceptual abstract**

\_\_\_\_\_  
Dean of Graduate Studies

\_\_\_\_\_  
Date

I have reviewed and approve the conceptual abstract for this new degree program. It will be sent to the Chancellor's Office and, if approved by the CSU Board of Trustees, it will be added to the Academic Master Plan.

\_\_\_\_\_  
Leslie Cornick  
Provost and Vice President for Academic Affairs

\_\_\_\_\_  
Date

**Send signature page with the conceptual abstract attached to Curriculum Services by November 30 for winter cycle; June 15 for summer cycle.**