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

The Graduate Council has reviewed and approved this conceptual abstract

_____ _____
Dean of Graduate School Date

Send signature page with the conceptual abstract attached to Curriculum Services at Academic Affairs, zip 110

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.

_____ _____
Phyllis Fernlund Date
Interim Vice President for Academic Affairs