

New Undergraduate 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

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
Interim Vice President for Academic Affairs

Date