

New Post-Baccalaureate Certificate Program

Certificate Name: _____

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

Required Signatures

The Department of _____
has reviewed and approved this new certificate program

Chair, Department Curriculum Committee

Date

Department Chair

Date

The College of _____
has reviewed and approved this new certificate program

Chair, College Curriculum Committee

Date

College Dean

Date

The Graduate Council has reviewed and approved this new certificate program

Dean of Graduate School

Date

**Send signature page with proposal attached to Curriculum Services at Academic Affairs,
zip 110**

AA Review Completed

Date

Note: The department will be notified on the of dates for EPPC, Academic Senate, and Chancellor's Office (if applicable) review and number of copies needed.