

# New Undergraduate 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

**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.