

# New Undergraduate Option or Advising Pattern

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

Program named above is:

\_\_\_ Option within \_\_\_\_\_  
(degree program name)

\_\_\_ Advising Pattern within \_\_\_\_\_  
(option name)

within \_\_\_\_\_  
(degree program name)

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

## Required Signatures

**The Department of \_\_\_\_\_  
has reviewed and approved this new program**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**The College of \_\_\_\_\_  
has reviewed and approved this new 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.