

New Undergraduate Degree Program

Program Name: _____

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

Required Signatures

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

Chair, Department Curriculum Committee

Date

Department Chair

Date

The College of _____
has reviewed and approved this new degree 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 review and number of copies needed.