

# New Graduate 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

Graduate Studies has reviewed and approved this conceptual abstract

\_\_\_\_\_  
Dean of Graduate Studies

\_\_\_\_\_  
Date

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.

\_\_\_\_\_  
Debra Larson  
Provost and Vice President for Academic Affairs

\_\_\_\_\_  
Date

Send signature page with the conceptual abstract attached to Curriculum Services at zip 128 by November 30.