

New Undergraduate 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

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 Date
Provost and Vice President for Academic Affairs

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