

Elevate Graduate Option to Degree

Option Name: _____

Within: _____
(Degree program name)

Proposed New Degree: _____

Brief rationale for elevation:

Required Signatures

The Department of _____ has reviewed and approved this elevation proposal

Chair, Department Curriculum Committee

Date

Department Chair

Date

The College of _____ has reviewed and approved this elevation proposal

Chair, College Curriculum Committee

Date

College Dean

Date

Graduate Studies has reviewed and approved this elevation proposal

Dean, Graduate Studies

Date

Send signature page with proposal attached to Curriculum Services: SSC 464B, zip 128

Curriculum Review Completed

Date

Note: The department will be notified of the of dates for EPPC, Academic Senate, and Chancellor's Office review.