

New Center or Institute Signature Form

Print form and attach it to the front of the proposal

Proposed Center/Institute Name:	
Department + ZIP:	College + ZIP:
Primary Contact:	
Phone #:	E-mail:

All signatures on this page attest to:
1. Support for the goals and structure of the proposed Center or Institute
2. Appropriate consultation within signatory's area of responsibility

PROPOSAL STEPS:

COMPLETED:

<input type="checkbox"/>	1. Proposal developed (consult with Curriculum Services for signatures required)	Date: _____
<input type="checkbox"/>	2. Proposal reviewed and approved by Department Curriculum Committee	Date: _____

Chair, Department Curriculum Committee signature		
<input type="checkbox"/>	3. Proposal reviewed and approved by Department Chair	Date: _____

Department Chair signature		
<input type="checkbox"/>	4. Proposal reviewed and approved by College Curriculum Committee	Date: _____

Chair, College Curriculum Committee Signature		
<input type="checkbox"/>	5. Proposal reviewed and approved by College Dean	Date: _____

College Dean Signature		
<input type="checkbox"/>	6. Other signature(s) required (as determined by Curriculum Services)	

Send completed proposal to: Undergraduate Education/Curriculum Services, SSC 460, Campus ZIP 128