

New Post-Baccalaureate Certificate Program

Certificate Name: _____

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

Required Signatures

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

Chair, Department Curriculum Committee

Department Chair

The College of _____
has reviewed and approved this new certificate program

Chair, College Curriculum Committee

College Dean

The Graduate Council has reviewed and approved this new certificate program

Dean of Graduate Studies

Send signature page with proposal attached to Curriculum Services zip 128

Curriculum Review Completed

Date

Note: The department will be notified of the dates for EPPC, Academic Senate, and WASC review.

CHECKLIST: NEW PROGRAM

(non-degree)

- Signature page and proposal
- Rationale for new program
- Catalog copy
- Evidence of consultation with library
- MAP (undergraduate Options only)
- Evidence of consultation if adding courses from another department (e-mail from Chair)