

# 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

The College of \_\_\_\_\_  
has reviewed and approved this new certificate program

\_\_\_\_\_  
Chair, College Curriculum Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Date

The Graduate Council has reviewed and approved this new certificate program

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

\_\_\_\_\_  
Date

**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)