

New Graduate Option

Program Name: _____

Program named above is an option within:

(degree program name)

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

Required Signatures

The Department of _____
has reviewed and approved this program

Chair, Department Curriculum Committee

Date

Department Chair

Date

The College of _____
has reviewed and approved this new program

Chair, College Curriculum Committee

Date

College Dean

Date

The Graduate Council has reviewed and approved this new program

Dean of Graduate Studies

Date

Send signature page with proposal attached to Curriculum Services at zip 128

Curriculum Review Completed

Date

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