

# New Graduate Degree Program

Program Name: \_\_\_\_\_

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

## Required Signatures

The Department of \_\_\_\_\_  
has reviewed and approved this new degree program

\_\_\_\_\_  
Chair, Department Curriculum Committee

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

The Graduate Council has reviewed and approved this new degree 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 DEGREE PROGRAM

- Signature page and completed proposal
- Statement of support from college Dean (2h)
- Catalog copy (3b)
- Comprehensive Assessment Plan and Curriculum Matrix (4b)
- MAP (undergraduate degrees only) (4m)
- Evidence of consultation with library (7c)
- Evidence of consultation if adding courses from another department (e-mail from Chair)