

OFFICE OF ACADEMIC AFFAIRS

PROGRAM APPROVAL FORM



Undergraduate Graduate New Program Program Change

College: _____ Department: _____

Program Title: _____

Program Type: Major Minor Concentration Certificate

Total Credit Hours: _____ Effective Date: _____

Is the new program or change in existing program part of an accreditation requirement? *If so, please explain.* Yes No

Does this course involve academic units external to the originating college? Yes No
If so, deans of all colleges involved must sign this form.

Attach a detailed description of proposed program to include the following: background information, academic justification, student need and demand, listing of courses with credit hour requirements or deletions, facility requirements, and any other pertinent information.

Department Chair: _____ Grad. Council: _____

College Dean: _____ Graduate Dean: _____

College Curriculum Committee: _____

Undergrad Curriculum Cmte: _____ Provost: _____

Acknowledgements from other units:

Department Chair: _____ College Dean: _____