

Date

USCB New Program Proposal

Authorizing Academic Department

Justification and other supporting documents must accompany this form

Proposal For:	Major	Minor	Concentration	Certificate	General Education	Other
(Check all that apply)						

Program Proposal Description

Effective Term for Update:		Fall	Spring	Summer	YEAR
Contact Perso	Name:			Department:	
	Phone Number:	Phone Number:		Email Addres	s:
<u>Notifications</u>	<u>Recommendation</u>				
Department Chair	Yes No			Date:	Date reported to or approved by Faculty Senate
C3 Committee y Chair	Yes No			Date:	
<u>Approvals</u> Faculty Senate Chair				Date:	
Provost				Date:	

Proposals signed with a notation of "not recommended" may be forwarded to next level of review. Proposals not signed after 10 full working days may be forwarded without signatures (on the initiative of those making the proposal) to the next level of review.