SUBMISSION of a NEW PROGRAM or DEGREE to CURRICULUM AND EDUCATIONAL POLICY COMMITTEE

Title of Program: _____

Approval of operational issues (financial aid, business plans, etc.) by Operations Committee:

_____ _____
Operations Committee Chair **Date**

Date Submitted: _____

_____**Date the concept for this new program was approved by the Provost Council.**

Prior to submission to CEPC, all required signatures must be obtained.

_____ _____
Department/Program Chair Date

_____ _____
Dean Date

For curriculum proposals involving collaboration of two schools, the signature of the second dean is also required:

_____ _____
Dean Date

CEPC Action Requested:

___ Presented for CEPC Approval

CEPC Action Taken:

___ Request for revision or more information (see attached explanation):
_____Date scheduled for resubmission
___ Approved to send to Faculty Forum
___ Not approved

_____ _____
CEPC Chair Date

Distribution:
_____Registrar _____Provost _____Dean _____Operations Committee Chair