

NEW PROGRAM PROPOSAL – P Form Signature

COLLEGE ☒ CHABSS ☐ CoBA ☐ CoEHHS ☐ CSM

For Academic Programs Office Use Only		
R.E. _____	Catalog _____	File _____

TITLE OF PROGRAM Bachelor of Arts with a Major in Philosophy

Discipline Philosophy

This form is the signature sheet for new programs and new options/concentrations/emphases/tracks within existing programs. For all changes to existing programs (other than addition of new options/concentrations/emphases/tracks), use the Form P-2.

Check one: ☒ New Undergraduate Major or New Graduate Degree
☐ New Option/Concentration/Emphasis/Track
☐ New Minor
☐ New Teaching Credential
☐ New Certificate

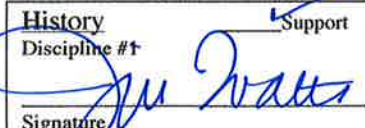
Attach a completed New Program Template


Attach a completed New Option/Concentration/
Special Emphasis, Teaching Credential and Minor

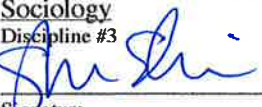
Attach a completed New Certificate Template

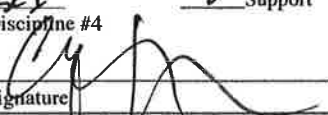
Does this proposal impact other disciplines? ☒ Yes ☐ No If yes, obtain signature(s).

Any objections or concerns should be stated in writing and attached to this form. Please check the box to indicate whether a memo has been attached.

History Discipline #1	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> 11/21/2014
Signature	Date

Political Science Discipline #2	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> 3-17-16
Signature	Date

Sociology Discipline #3	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> 11/21/2014
Signature	Date

241 Discipline #4	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	<input type="checkbox"/> 11/25/14
Signature	Date

Discipline #5	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Signature	Date

P-FORM PREPARATION

1a. Michael McDuffie Jessica Mayock November 14, 2014
Originators (Please print) Date

1b. see attached
Librarian Liaison for Library Report* Date

1c. see attached
IITS Liaison for IITS Report* Date

PROGRAM/DEPARTMENT-LEVEL REVIEW

2. [Signature] 11/14/2014
Program/Department - Director/Chair* Date

COLLEGE/SCHOOL-LEVEL REVIEW

3. Rebecca Lust 4/26/16
College/School Curriculum Committee* Date

REVIEW (Signatures must be obtained by proposer)

4a. _____
Vice President for Student Affairs* Date

4b. see attached
Dean of Library* Date

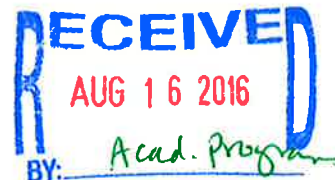
4c. see attached
Dean of Information and Instructional
Technology Services* Date

4d. _____
Vice President for Finance and Administrative
Services* Date

4e. _____
Dean of Graduate Studies (if applicable) * Date

COLLEGE/SCHOOL-LEVEL RECOMMENDATION

5. [Signature] 8/16/16
College/School Dean/Director* Date



UNIVERSITY-LEVEL REVIEW

(May not begin until all signatures numbered 1-5 have been obtained.)

6a. _____
University Curriculum Committee^ Date

6b. _____
Budget and Long-Range Planning Committee^ Date

FACULTY APPROVAL

7. _____
Academic Senate Date

UNIVERSITY-LEVEL APPROVAL

8. _____
Provost Date

9. _____
Date to Chancellor's Office

+ Please contact the liaisons at the beginning of the process and allow sufficient time for the liaisons to prepare the resource implication report. Upon completion of the report liaisons will sign.

* May attach a memo on program impact on the unit and the ability of the unit to support it.

^ Attach a memo summarizing the curricular and/or resource deliberations.

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