

**CALIFORNIA STATE UNIVERSITY SAN MARCOS**  
**NEW PROGRAM PROPOSAL – P Form Signature**

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

COLLEGE ☐ CHABSS ☒ CoBA ☐ CoEHHS ☐ CSM

**TITLE OF PROGRAM** Bachelor of Arts

**Discipline** American Indian Studies

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.

Term and Academic Year of intended implementation (e.g. Fall 2016): Fall 2016

Sociology Discipline #1	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<u>[Signature]</u>	<input checked="" type="checkbox"/> <u>4-21-16</u>
Environmental Studies Discipline #2	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<u>[Signature]</u>	<input type="checkbox"/> <u>4/5/16</u>
Ethnic Studies Discipline #3	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<u>[Signature]</u>	<input type="checkbox"/> <u>4/8/16 - Email response sent</u>
Film Studies Discipline #4	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<u>[Signature]</u>	<input type="checkbox"/> <u>3-16-16</u>
Literature and Writing Discipline #5	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<u>[Signature]</u>	<input type="checkbox"/> <u>3-30-16</u> memo attached
Linguistics Discipline #6	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<u>[Signature]</u>	<input type="checkbox"/> <u>3-28-16</u> memos attached.
History Discipline #7	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<u>[Signature]</u>	<input type="checkbox"/> <u>4/12/16</u>
Philosophy Discipline #8	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<u>[Signature]</u>	<input type="checkbox"/> <u>4-15-16</u>
Political Science Discipline #9	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<u>[Signature]</u>	<input type="checkbox"/> <u>3-17-16</u>
VPA Discipline #10	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<u>[Signature]</u>	<input type="checkbox"/> <u>4-13-16</u>

**RECEIVED**  
**OCT 28 2016**  
 BY: \_\_\_\_\_

**P-FORM PREPARATION**

1a. Joely Proudfit 03/02/2016  
Originator (Please print) Date

1b. \_\_\_\_\_ Date  
Librarian Liaison for Library Report\*

1c. \_\_\_\_\_ Date  
IITS Liaison for IITS Report\*

**PROGRAM/DEPARTMENT-LEVEL REVIEW**

2. Joely Proudfit 3/17/16  
Program/Department - Director/Chair\* Date

**COLLEGE/SCHOOL-LEVEL REVIEW**

3. Rebecca J. Smith 4/26/16  
College/School Curriculum Committee\* Date

**REVIEW (Signatures must be obtained by proposer)**

4a. [Signature] 5/16/16 4b. \_\_\_\_\_ Date  
Vice President for Student Affairs\* Date

4c. \_\_\_\_\_ Date 4d. \_\_\_\_\_ Date  
Dean of Information and Instructional Technology Services\* Vice President for Finance and Administrative Services\*

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

**COLLEGE/SCHOOL-LEVEL RECOMMENDATION**

5. Ranjita Barn 10/27/16  
College/School Dean/Director\* Date

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

6a. \_\_\_\_\_ Date 6b. \_\_\_\_\_ Date  
University Curriculum Committee^ Budget and Long-Range Planning Committee^

**FACULTY APPROVAL**

7. \_\_\_\_\_ Date  
Academic Senate

**UNIVERSITY-LEVEL APPROVAL**

8. \_\_\_\_\_ Date  
Provost

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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