

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 Theatre B.A.

Discipline Theatre

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 } Attach a completed New Program Template
 New Option/Concentration/Emphasis/Track } Attach a completed New Option/Concentration/
 New Minor } Special Emphasis, Teaching Credential and Minor
 New Teaching Credential }
 New Certificate } 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): _____

_____ Support _____ Oppose
Discipline #1

Signature Date

_____ Support _____ Oppose
Discipline #2

Signature Date

_____ Support _____ Oppose
Discipline #3

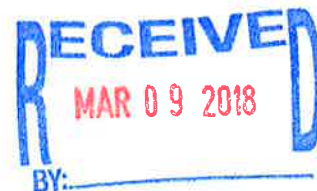
Signature Date

_____ Support _____ Oppose
Discipline #4

Signature Date

_____ Support _____ Oppose
Discipline #5

Signature Date



P-FORM PREPARATION

1a. Judy Banerlin 11/16/17
 Originator (Please print) Date

1b. [Signature] 11.16.17
 Librarian Liaison for Library Report* Date

1c. [Signature] 11/22/17
 IITS Liaison for IITS Report* Date

PROGRAM/DEPARTMENT-LEVEL REVIEW

2. Judy Banerlin 11/16/17
 Program/Department - Director/Chair* Date

COLLEGE/SCHOOL-LEVEL REVIEW

3. [Signature] 11/16/17
 College/School Curriculum Committee* Date

REVIEW (Signatures must be obtained by proposer)

4a. [Signature] 11/29/17
 Vice President for Student Affairs* Date

4b. [Signature] 11/17/17
 Dean of Library* Date

4c. [Signature] 11/22/17
 Dean of Information and Instructional
 Technology Services* Date

4d. [Signature] 11/29/2017
 Vice President for Finance and Administrative
 Services* Date

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

COLLEGE/SCHOOL-LEVEL RECOMMENDATION

5. [Signature] 3/9/18
 College/School Dean/Director* Date

UNIVERSITY-LEVEL REVIEW

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

6a. _____ Date
 University Curriculum Committee^

6b. _____ Date
 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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