

**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 **EngiBeerTM**

Discipline **Fermentation Science**

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 } Attach a completed New Certificate Template
 New Certificate

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): Spring 2018

Biological Sciences Support Oppose
 Discipline #1
[Signature] 10/17/17
 Signature Date

Chemistry & Biochemistry Support Oppose
 Discipline #2
[Signature] 5/10/17
 Signature Date

Computer Science & Information Systems Support Oppose
 Discipline #3
[Signature] 10/19/17
 Signature Date

Mathematics Support Oppose
 Discipline #4
[Signature] 10/24/17
 Signature Date

Physics Support Oppose
 Discipline #5
[Signature] 10/19/17
 Signature Date

Business Administration Support Oppose
 Discipline #3
[Signature] 10.17.17
 Signature Date

Liberal Studies Support Oppose
 Discipline #3
[Signature] 10/20/17
 Signature Date



P-FORM PREPARATION

1a. Jacqueline Trischman 4/18/2017
Originator (Please print) Date

1b.
Librarian Liaison for Library Report*

4/28/17
Date

1c. _____
IIT'S Liaison for IIT'S Report+ Date

PROGRAM/DEPARTMENT-LEVEL REVIEW

2. 4/27/17
Program/Department - Director/Chair* Date

COLLEGE/SCHOOL-LEVEL REVIEW

3. 10/27/17
College/School Curriculum Committee* Date

REVIEW (Signatures must be obtained by proposer)

4a. 10/23/17
Vice President for Student Affairs* Date

4b. 4/28/17
Dean of Library* Date

4c. 10/25/17
Dean of Information and Instructional Technology Services* Date

4d. 10/25/2017
Vice President for Finance and Administrative Services* Date

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

COLLEGE/SCHOOL-LEVEL RECOMMENDATION

5. 10/30/2017
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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