**NEW PROGRAM PROPOSAL – P Form Signature**

For Academic Programs Office Use Only

R.E. \_\_\_\_\_\_\_\_ Catalog\_\_\_\_\_\_\_ File\_\_\_\_\_

COLLEGE  CHABSS  CoBA  CoEHHS  CSM

**TITLE OF PROGRAM**  Discipline

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/ Special Emphasis, Teaching Credential and Minor Template

New 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Originator (Please print) Date

1b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 1c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Librarian Liaison for Library Report+ Date IITS Liaison for IITS Report+ Date

***PROGRAM/DEPARTMENT-LEVEL REVIEW***

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/Department - Director/Chair\* Date

***COLLEGE/SCHOOL-LEVEL REVIEW***

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

College/School Curriculum Committee\* Date

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

4a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 4b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President for Student Affairs\* Date Dean of Library\* Date

4c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 4d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Information and Instructional Date Vice President for Finance and Administrative Date

Technology Services\* Services\*

4e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Graduate Studies (if applicable) \* Date

***COLLEGE/SCHOOL-LEVEL RECOMMENDATION***

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/School Dean/Director\* Date

***UNIVERSITY-LEVEL REVIEW***

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

6a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 6b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Curriculum Committee^ Date 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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