SENATE PROGRAM PROPOSAL FORM for:

- CHECK ONE: ☐ Add, ☐ Change, ☐ Combine, ☐ Drop, ☐ Archive
- CHECK ONE: ☐ Degree program, ☐ Minor, ☐ Certificate, ☐ Emphasis area

From: _____ Signed: _____ Date: _____
Department Department Chair

From: _____ Signed: _____ Date: _____
School or College Dean

(Do not write in this space)

ROUTING:	Initials	Date
Academic Affairs		
Graduate School (if applicable)		
Senate C & I		
Reported to Senate		
Academic Affairs		

Title of Degree, Minor, or Certificate Program:

Section and year of most recent Bulletin.

If other departments are affected by this proposal, please secure "sign-offs" and indicate for each department the following:

Department	Contact Person	Phone #	
1.			Proposal received: ☐ No major objections, ☐ Objections
2.			Proposal received: ☐ No major objections, ☐ Objections
3.			Proposal received: ☐ No major objections, ☐ Objections

Current Bulletin listing:	Proposed Bulletin listing:	Rationale:

Revised: March, 2007