

DEPARTMENT & PROGRAM REVIEW OF CURRICULUM PROPOSALS

Initiator(s): _____ Department: _____ Date: _____

Proposed: _____ Course _____ Program _____ Title: _____

Program(s) in this department affected by this proposal: _____

Anticipated effects of this proposal on existing programs and courses on faculty and staff, school and department resources:

Recommendations (as needed). Please attach comments and/or letters of support.

CSSE department chair:

____ Recommended as proposed ____ Not recommended ____ Information ____ NA

Signature: _____ Date: _____

ELSE department chair:

____ Recommended as proposed ____ Not recommended ____ Information ____ NA

Signature: _____ Date: _____

LSEE department chair:

____ Recommended as proposed ____ Not recommended ____ Information ____ NA

Signature: _____ Date: _____

Date:

Graduate Studies committee chair:

____ Recommended as proposed ____ Not recommended ____ Information ____ NA

Signature: _____ Date: _____

School dean:

____ Recommended as proposed ____ Not recommended ____ Information ____ NA

Signature: _____ Date: _____

