# UNDERGRADUATE CURRICULUM PROPOSAL COVER SHEET

**Title of Proposal – Must begin with Department Abbreviation**:

_____

_____

**Check One**: ☐ Full Proposal or ☐ Information Item

**Effective Date for Curricular Offering:** _____ _____

**FROM:** _____ _____
(proposal originator: include spokesperson's name, department, office number, telephone, e-mail)

**Does this require new resources from the originating department or other department?** _____
Please attach explanation if yes.

**Faculty of the originating department approved this proposal on** _____ (date),

by a vote of _____ aye votes; _____ nay votes; _____ abstentions: _____ eligible voting members absent

**The following have examined this proposal:**

| | | | | | |
|---|---|---|---|---|---|
| **Dept Head/Director:** _____ (printed name) | _____ signature | _____ approve | _____ neutral | _____ disapprove* |

**College Curriculum Committee** Date: _____ Vote: _____ Signature of Chair: _____

**Spokespersons for Affected Departments:**

| | | | | |
|---|---|---|---|---|
| _____ (name, department, date) | _____ signature | _____ approve | _____ neutral | _____ disapprove* |
| _____ (name, department, date) | _____ signature | _____ approve | _____ neutral | _____ disapprove* |
| _____ (name, department, date) | _____ signature | _____ approve | _____ neutral | _____ disapprove* |
| _____ (name, department, date) | _____ signature | _____ approve | _____ neutral | _____ disapprove* |
| **Dean/Director**: _____ | _____ signature | _____ approve | _____ neutral | _____ disapprove* |
| **University Registrar:** Linda Orth (printed name) | _____ signature | Comments: _____ | | |
| **Provost:** Phil Oldham (printed name) | _____ signature | _____ approve | _____ neutral | _____ disapprove* |

*Those who disapprove may attach an explanation

| **ACTIONS on this proposal:** | ***Curriculum Committee*** | ***Faculty Senate*** |
|---|---|---|
| **Date the proposal was considered** | _____ | _____ |
| **Vote of the body:** | _____ | _____ |
| **Accepted as information item (*indicate date*)** | _____ | _____ |
| **Approved as submitted (*indicate date*)** | _____ | _____ |
| **Approved with amendments (amendments indicated and transmitted to all signatories above, date):** | _____ | _____ |
| **Signature of Chair:** | _____ | _____ |

**Revised 2/16/2007**