CAS UNDERGRADUATE CURRICULUM APPROVAL FORM

Submitted by ______________________
(Name of Department)

If course related, course prefix, number, and title______________________________________

New major or changes to existing major in _________________

Other__________________________________________________________

Approval of Department/Program Committee and Chair/Director:
If applicable, the signature of the department chair also indicates that all faculty who teach sections of the proposed course have been consulted, have sufficient familiarity with the appropriate skills and dimensions.

_________________________________ Signature of committee rep. Recommendation Date

__________________________ ______________________ ______________________  ______________
{Name of body}                    Signature of committee rep.        Recommendation         Date

__________________________ ______________________ ______________________  ______________
{Name of unit}                      Signature of chair/director           Recommendation         Date

Note any units or departments of the University that have been consulted and their responses (concurrence, nonconcurrence, or defer recommendation): (Add additional lines as necessary)

_________________________________ Signature of unit representative Recommendation Date

Undergraduate School and College Committees;

_________________________________ Signature of school represent. Recommendation Date

_________________________________ Signature of college represent. Recommendation Date

_________________________________ Signature of college deaan Recommendation Date

Effective date (Term): __________________

10/6/14