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| --- | --- | --- | --- | --- | --- | --- |
| **School or Division** | | | Choose an item. | | | |
| **Program or Certificate** | | | List name of program or certificate | | | |
| **Proposed by (faculty only)** | | | List faculty name(s) | | | |
| **Presenter (faculty only)** | | | List faculty name(s) | | | |
| Note that the presenter (faculty) listed above must be present at the Curriculum Committee meeting or the proposal will be returned to the School or Division and be resubmitted for a later date. | | | | | | |
| **Submission date** | | | Click here to enter a date. | | | |
| All Curriculum proposals require approval of the Curriculum Committee and the Interim Provost for Academic Affairs. Final approval or denial of a proposal is reflected on the completed and signed proposal. | | | | | | |
|  | Approve |  | | | Do Not Approve |  |
|  | | | | |  | |
| *Curriculum Committee Chair Signature* | | | |  | *Date* | |
|  | Approve |  | | | Do Not Approve |  |
|  | | | | |  | |
| *InterimProvost for Academic Affairs Signature* | | | |  | *Date* | |
|  | | | | | | |
| All Curriculum proposals require review by the Office of Accountability & Effectiveness. | | | | | | |
|  | Reviewed |  | | | | |
|  | | | | |  | |
| *Office of Accountability & Effectiveness Signature* | | | |  | *Date* | |

**Section I, Important Dates and Endorsements Required**

**nOTE:** Course and Program changes must be submitted by the dates listed on the published Curriculum Committee Calendar. Exceptions to the published submission deadlines must receive prior approval from the Interim Provost for Academic Affairs’ Office.

|  |  |
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| **Term in which approved action will take place** | Choose an item. |
| **Provide an explanation below for the requested exception to the** *effective***date.** | |
| Type in the explanation for exception. | |

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| --- | --- | --- |
| **Any exceptions to the term start date requires the signatures of the Academic Dean and Interim Provost for Academic Affairs prior to submission to the Dropbox.** | | |
| **Dean** | **Signature** | **Date** |
| Type name here |  |  |
| **Interim Provost for Academic Affairs** | **Signature** | **Date** |
| Dr. Eileen DeLuca |  |  |

| **Required Endorsements** | **Type in Name** | **Select Date** |
| --- | --- | --- |
| **Department Chair or Program Coordinator/Director** | Type name here | Click here to enter a date. |
| **Academic Dean or Interim Provost for Academic Affairs** | Type name here | Click here to enter a date. |

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| **List all faculty endorsements below. (Note that proposals will be returned to the School or Division if faculty endorsements are not provided).** |
| Type in all applicable faculty names here |

**Section II, Retention/Deletion Requests**

|  |  |  |
| --- | --- | --- |
| Course | Retain/Delete | Brief Explanation |
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