New Graduate Degree Proposal Consultation Form

Academic Unit: _____

Program/Department: _____

Originator/Person Responsible for New Degree Program Proposal: _____

Degree Name: _____

Area of Study or Emphasis (if applicable): _____

All consultations regarding new graduate degree programs should begin by July 1 and be completed in time for submission to the academic unit faculty, the curriculum committee chair, and the dean for review and recommendations for approval by August 1. The completed form, with all signatures, must be uploaded to Curriculog by September 15.

**In the case of interdisciplinary programs, the proposal should be reviewed and required signatures submitted by the program/department faculty, the curriculum committees, and the deans of all the academic units that contribute to the program. Please use the Shared Courses Signature Form for additional signatures as required.

Please refer to the instructions for new program proposals in the *Curriculum Handbook*.

**If needed, please attach the additional signature form for programs with shared courses.

Checklist form 1

Before August 1 – signature page for programs

Program/Department Faculty Representative	Recommended ☐ Not Recommended ☐ Print Name Signature Date Memorandum provided: Yes____ No____
College/School Curriculum Committee	Recommended ☐ Not Recommended ☐ Print Name Signature Date Memorandum provided: Yes____ No____
College/School Dean	Recommended ☐ Not Recommended ☐ Print Name Signature Date Memorandum provided: Yes____ No____

By September 15 - Recommendation/Checklist and Required Signatures	
Graduate Academic Council	Recommended ☐ Not Recommended ☐ Print Name Signature Date Memorandum provided: Yes____ No____
Long Range Planning Council	Recommended ☐ Not Recommended ☐ Print Name Signature Date Memorandum provided: Yes____ No____
Senate Executive Board Chair	Recommended ☐ Not Recommended ☐ Print Name Signature Date Memorandum provided: Yes____ No____
Faculty Senate, as represented by the Faculty Senate President	Recommended ☐ Not Recommended ☐ Print Name Signature Date Memorandum provided: Yes____ No____
Provost*	Approved ☐ Denied ☐ Print Name Signature Date