

Effective Date: _____
 (As determined by the Provost/Academic V.P.)

NEW PROGRAM / PROGRAM REVISION COVER SHEET

New _____ (Standard Program ____; IDS Program ____; Dual Degree Program ____)
 Revision _____

School: _____
 Department: _____
 Program Title: _____
 Concentration (s): _____
 Contact Person: _____
 Phone: _____ e-mail: _____

APPROVAL SIGNATURES AND DATES		
1. _____ Chair, Dept. Curriculum Committee	_____ Date	School Dean's signature is required before presentation to the Graduate Council Curriculum Committee
2. _____ Department Chair	_____ Date	
3. _____ Chair, School Curriculum Committee	_____ Date	6. _____ Chair, Grad. Council Curric. Comm.
4. _____ School Dean (program 1)	_____ Date	7. _____ Graduate School Dean
5. _____ School Dean (program 2) (If IDS or dual degree program)	_____ Date	8. _____ Provost /Academic Vice President
		All signatures are required and approval from the Department of Higher Education must be received before the program may be offered.

Attach copy of program proposal (see Program Guidelines)

Attach copy of Program Plans (proposed and revised)

If new courses are a part of this proposal, attach copy of materials submitted to the Curriculum Committee.

Departments affected by this proposal: _____

(Attach copies of responses from Department Chair)

Submit the original and 13 copies to the Graduate Office.

An electronic copy of the proposal must be sent to Lisa Galvin (galvinl1@southernct.edu) to be posted on the Graduate School website.