



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.

_____	_____	_____	_____
{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}

_____	_____	_____	_____
{Type name of unit}	Signature of unit representative	Recommendation	Date

Undergraduate School and College Committees;

_____	_____	_____	_____
{Type name}	Signature of school represent.	Recommendation	Date

_____	_____	_____	_____
{Type name}	Signature of college represent.	Recommendation	Date

_____	_____	_____	_____
{Type name}	Signature of college dean	Recommendation	Date

Effective date (Term): \_\_\_\_\_

10/6/14