

# COVER SHEET - NEW and REVISED CHECKSHEETS, OPTIONS, CONCENTRATIONS

Commission on Undergraduate Studies and Policies/ Commission on Graduate Studies and Policies  
Effective August 1993

- SEE APPENDIX FOR NOTES, EXPLANATIONS AND ADDITIONAL GUIDELINES•
- PRINT CLEARLY, TYPE or COMPLETE ELECTRONICALLY•

PROPOSAL DATE:

DEPARTMENT:

DEGREE NAME:

MAJOR     MINOR     OPTION     UNIVERSITY CONCENTRATION     CONCENTRATION

DEAN and/or  
DEPARTMENTAL CONTACT:

CONTACT  
MAILCODE:

CONTACT PHONE:

CONTACT E-MAIL:

CHECK **ONLY ONE** OF THE FOLLOWING BOXES

- NEW CHECKSHEET**                       **REVISED CHECKSHEET**    [Revision>20%\_\_\_\_\_ Revision<20%\_\_\_\_\_ ]  
(Attach copy of current APPROVED checksheet)
- NEW MINOR**                               **REVISED MINOR**  
(Attach copy of current APPROVED checksheet)
- NEW OPTION**                             **REVISED OPTION**  
(Attach copy of current APPROVED checksheet)
- NEW UNIVERSITY CONCENTRATION**     **REVISED UNIVERSITY CONCENTRATION**  
(Attach copy of current APPROVED checksheet)
- NEW CONCENTRATION**                       **REVISED CONCENTRATION**  
(Attach copy of current APPROVED checksheet)

- **EFFECTIVE DATE: GRADUATING CLASS OF** \_\_\_\_\_ **(List Year Only)**
  - **FOR ALL CHECKSHEETS, NEW AND REVISED:** Attach Statement from Dean or Departmental Representative Outlining the Changes from the Currently APPROVED Checksheet and Method(s) of Communication to Students Impacted by these Changes.
  - **Attach Appropriate Letters of Support from Affected Departments and/or Colleges**
  - **Revised checksheets with 20% or less revision can be forwarded directly to the Office of the University Registrar (0134) for Administrative Approval. Supporting documentation should be attached.**
- Revision Summary:**

APPROVAL SIGNATURES

Department Representative \_\_\_\_\_ Date: \_\_\_\_\_

College Curriculum Committee Representative \_\_\_\_\_ Date: \_\_\_\_\_

College Dean \_\_\_\_\_ Date: \_\_\_\_\_