

**COVER SHEET - NEW and REVISED CHECKSHEETS, OPTIONS, CONCENTRATIONS
and DEGREES**

Commission on Undergraduate Studies and Policies/ Commission on Graduate Studies and Policies
Effective November 2009

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

PROPOSAL DATE: _____

DEPARTMENT: _____

DEGREE NAME: _____

MAJOR

MINOR

OPTION

GRADUATE CERTIFICATE

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)

NEW GRADUATE CERTIFICATE

REVISED GRADUATE CERTIFICATE

NEW DEGREE

REVISED DEGREE

DISCONTINUED DEGREE

• **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: _____