**NEW OR CHANGE CURRICULUM/PROGRAM TRACKING DOCUMENT**

**ACADEMIC UNIT: DATE SUBMITTED:**

**1. BRIEF EXPLANATION OF PROPOSED CHANGE:**

**2. CHECK ITEM(s) BELOW FOR CHANGES DESIRED:**

**New Degree Certification Deletion of Degree or Certification**

**New or Revised Major Deletion of Course**

**New or Revised Minor Revised Degree or Certification**

**New Course(s) Revised Course**

**Course Level (number) Change Other (specify below):**

**I. Dean’s Action:**

**Approved Disapproved Returned for Recommended Change**

 **Dean’s (Signature) Date:**

**II. Curriculum Committee Action:**

**Approved Disapproved Returned for Recommended Change**

**Chairperson: (signature): Date:**

**III. Faculty Senate Action:**

**Approved Disapproved Returned for Recommended Change**

**Senate President (signature): Date:**

**IV. Vice President Academic Affairs (not required for courses):**

**Approved Disapproved Returned for Recommended Change**

**Provost/VPAA (Signature): Date:**

**V. President’s Action (not required for courses):**

**Approved Disapproved Returned for Recommended Change**

**President (Signature): Date:**