OUTLINE FOR SUBMITTING PROPOSALS FOR NEW INTERDISCIPLINARY DEGREE PROGRAMS

Use this outline to prepare proposals for new interdisciplinary programs, including undergraduate majors and minors and graduate majors. Proposals should be submitted in narrative form, organized according to the following outline. Guidelines for submitting such proposals are on the following pages.

PROPOSED INTERDISCIPLINARY PROGRAM NAME: ____________________________________________________

DEGREE: _______________________ REQUESTED START DATE ___________________________________

PROGRAMS/DEPARTMENT(S)/SCHOOL(S): _______________________

PROGRAMS/DEPARTMENT(S)/SCHOOL(S): _______________________

PROGRAMS/DEPARTMENT(S)/SCHOOL(S): _______________________

PROGRAMS/DEPARTMENT(S)/SCHOOL(S): _______________________

COLLEGE(S): ______________________

COLLEGE(S): ______________________

CONTACT PERSON: ___________________________ CONTACT PHONE: _____________________________

CONTACT EMAIL: ______________________________

I. Description:

   A. Goals, Objectives, Student Learning Outcomes
   B. Program
   C. Admission
   D. Projections

II. Justification/Rationale

III. Preparedness

IV. Assessment/Evaluation

V. Program Costs

VI. Action of the Program(s)/Department(s)/College(s)

   (Include the faculty votes signatures from all collaborating programs/departments/schools, if applicable.)

1. Program/Department/School (Include the faculty votes signatures from all submitting programs/departments/schools.)

   a. Vote of program faculty: For _________ Against ________ Abstentions _____

   I support this proposal. The proposed program can _______ cannot ______________ be implemented without additional College or University resources.

      Program Administrator Signature __________________________________ Date ____________________

   b. Vote of department/school faculty: ________ For ________ Against ______________ Abstentions

   I support this proposal. The proposed program can _______ cannot ______________ be implemented without additional College or University resources.
Department Head/School Director Signature ___________________________ Date ___________________________

c. Vote of department/school faculty: ____________ For ________ Against ________  
Abstentions ____

I support this proposal. The proposed program can ________ cannot ______________ be implemented without additional College or University resources.

Department Head/School Director Signature ___________________________ Date ___________________________

2. College(s)/Graduate School (Include signatures from the deans of all submitting colleges.)

A. College: ____________________________________________

I support this proposal. The proposed program can ________ cannot ______________ be implemented within the affected College without additional University resources.

College Dean Signature __________________________________ Date ___________________________

B. College: ____________________________________________

I support this proposal. The proposed program can ________ cannot ______________ be implemented within the affected College without additional University resources.

College Dean Signature __________________________________ Date ___________________________