



Date

**USCB New Program Proposal**

**Authorizing Academic Department**

**Justification and other supporting documents must accompany this form**

**Proposal For:**  
(Check all that apply)

**Major      Minor      Concentration      Certificate      General Education      Other**

Program Proposal  
Description

Effective Term for Update:      Fall      Spring      Summer      YEAR

**Contact Person**      Name:

Department:

Phone Number:

Email Address:

**Notifications**

Recommendation

Department Chair      Yes      No

Date:

Date reported to or approved  
by Faculty Senate

C3 Committee  
Chair      Yes      No

Date:

**Approvals**

Faculty Senate  
Chair

Date:

Provost

Date: