TRANSMITTAL for GRADUATE PROGRAMS: Changes or Proposals

I. INFORMATION:

A. Check all that apply: Existing Program ☑ New Program ☐

   Name Change ☐ Credits Change ☐ Change in Curriculum ☑

B. Program Title: STEMteach

C. Department(s) (Originating): Teacher Education

D. College(s) (Originating): CEPS/O&CE

E. Programs / Departments Consulted (Requires letters of comment from all departments or programs substantially affected. Signatures of dept. chairs & deans affected by this proposal are required on the attached addendum.):

   1) Biology  2) Physics  3) Chemistry  4) Mathematics

F. Catalog year of Implementation: 2015 Semester Summer Year 2015

G. Have all courses in this program been approved? Yes ☐ No ☑

H. Attach Request Narrative

   Include in narrative on attached pages clarification concerning which courses have not been approved, and a rationale for the requested changes or creation of program. If requesting a program change also include a listing of course array for both the current and proposed program?

II. UNIT APPROVALS: Requires signatures of all Department Chairs and Deans whose programs will be substantially affected by the changes or proposal. Signature lines for the affected Departments and Colleges (noted in “E” above), are on the addendum to this form. These signatures should be obtained prior to review by all other shared governance levels.

   Department Curriculum Committee Chair (optional) ____________________________

   Department/Program Chair ____________________________

   College Curriculum Committee Chair ____________________________

   Dean of College ____________________________

   Graduate Curriculum Cmmt. Chair ____________________________

   University Curriculum Cmmt. Chair ____________________________

   Academic Policy & Program Cmmt. Chair ____________________________

   Faculty Senate Chair ____________________________

   Provost / Vice Chancellor ____________________________

   Chancellor ____________________________

   Signature ____________________________ Date ____________________________

*NOTE: The master copy of this transmittal & accompanying documents must be filed in the Provost’s office upon final approval. The Provost’s office will notify all appropriate administrative offices [Registrar, Office of Graduate Studies, Dean(s), Department Chair(s)] of approvals & necessary actions to implement changes.
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Department Curriculum Committee Chair (optional) [Signature] [Date]

Department/Program Chair

College Curriculum Committee Chair [Signature]

Dean of College [Signature]

Graduate Curriculum Cmtt. Chair [Signature] [Date]

University Curriculum Cmtt. Chair [Signature] [Date]

Academic Policy & Program Cmtt. Chair

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Provost / Vice Chancellor

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Revised December 2012
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