

Proposal Title: _____

Lead Sponsor: _____ Email: _____

Type of Proposal: ! Change(s) to an Existing Gen Ed Course(s) ! Change(s) to an Existing Rowan Core Course(s)

Department: _____ College: _____

DEPARTMENT AND DEAN APPROVAL (Signatures Required for Submission to University Senate Office):

Dept. Chair: _____ Date: _____

Dept. Head (if applicable): _____ Date: _____

Dept Curriculum Chair: _____ Date: _____

Academic DEAN: _____ Date: _____

COLLEGE CC APPROVAL: Open Hearing Date: _____ ! Approved ! Not Approved

Signature College Curriculum Chair: _____ Date: _____
