KENT STATE UNIVERSITY
CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date
Curriculum Bulletin
Effective Date select one
Approved by EPC

Department
College select one
Proposal select one
Proposal Name

Description of proposal:

Describe impact on other programs, policies or procedures (e.g., duplication issues; enrollment and staffing considerations; need, audience):

Units consulted (other departments, programs or campuses affected by this proposal):

__________________________________________________
Department Chair / School Director ______/____/____

__________________________________________________
Campus Dean (for Regional Campuses proposals) ______/____/____

__________________________________________________
College Dean (or designee) ______/____/____

__________________________________________________
Dean of Graduate Studies (for graduate proposals) ______/____/____

__________________________________________________
Senior Vice President for Academic Affairs and Provost (or designee) ______/____/____