

ACADEMIC PROGRAM OR UNIT ACTIONS ROUTING SHEET

School/College: _____

Department: _____ Faculty Lead: _____

Degree Program Action

- New OR Name Change
- Transfer/Consolidation
- Discontinuance
- Modification with Financial Implications
- Other- *Contact: Associate Vice Provost, Academic Planning*

Academic Unit Action

- New OR Name Change
- Transfer/Consolidation
- Disestablishment

Degree Name _____ Unit Name _____

- Self-supporting? OR PDST?
 Online? (>50%) OR Online component? (<49%)

Check box next to each action when complete, save document, forward to next recipient.

Faculty Lead

Adds/confirms action is on Five-Year Perspective (5YP) Date: _____
Contact: Associate Vice Provost, Academic Planning

If graduate degree (including 4+1 degrees), schedule a consultation with the Graduate Dean; note, self-supporting graduate professional degree programs require a market research report before the proposal can move forward

Contact: Director of Academic Initiatives, Graduate Division

N/A

Confirms budget (and cost analysis for PDST and SSGPDPs) with school's Assistant Dean and with Budget Office

Department Chair

Date: _____

Attaches support letter, including department vote details

Faculty Executive Committee (if required)

Vote: For _____ Against _____ Abstain _____ Date: _____
Total number of faculty eligible to vote _____
Total number of voting faculty _____

Dean

Attaches support letter

**Letter to state that dean understands school has fiscal responsibility for the program*

Academic Planning

Submits 5YP update; WSCUC Screening Form; Date: _____
 Confirms cost and resource analysis

Academic Senate

Reviews and decides whether to approve; Date: _____
 Attaches Councils' letters

Academic Planning

Reviews; Attaches support letter (Provost/ Chancellor) Date: _____

Systemwide Review (if applicable)

Action completed Date: _____

Notes: _____