Pfeiffer
U N I V E R S I T Y

Academic Program Approval Form
(Forward to Curriculum Board Chair with Proposal)

Proposed Title:

Department:

Contact Person:

Extension:

Proposed Start Date: Program

Type (please circle)   Undergraduate   Graduate

Off-campus Program?   Yes   No

Distance Learning Component Yes   No

_____

AFTER CURRICULUM REVIEW:

(Please check)

Admissions ____

Registrar ____

Curriculum Boards ____

Facilities Management ____

Financial Aid ___

Support Services ____

Business Operations ___

Information Technology ____

VPAA/Provost __

_____

APPROVED BY:

Department Chair: ____   Date: __

Dean ____   Date: __

VPAA/Provost: ___   Date: __

(Please attach all meeting notes.)