### Proposed Program Title: **BA HEALTH SCIENCE**

#### Degree Level: **Bachelor**

<table>
<thead>
<tr>
<th>Department: <strong>SCIENCE</strong></th>
<th>Chair/Director’s Signature</th>
<th>Date</th>
</tr>
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<tr>
<td>College: <strong>SCIENCE</strong></td>
<td>Janet Blakes</td>
<td>3-31-16</td>
</tr>
</tbody>
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#### Academic Affairs:
- Associate Provost for Programs and Assessment’s Signature
- Associate Provost for Planning and Budget’s Signature

#### Team for Assurance of Student Learning (TASL):
- Committee Chair’s Signature

#### Undergraduate Studies:
- Dean’s Signature (For Undergraduate Degree)

#### Graduate College:
- Dean’s Signature (For Graduate Degree)

#### UFS – GPC or UPC [circle one]:
- Chair’s Signature

#### UFS – Academic Planning and Budget:
- Chair’s Signature

#### University Faculty Senate:
- UFS President’s Signature

#### Provost:
- Provost’s Signature