

Proposed program title: BA Health Sciences CIP: 51.0000

Department: Dean's Office [Signature] 9/12/16
Chair's signature Date

College: Science [Signature] 8/31/16
Dean's signature Date

Academic Affairs: _____
Associate Provost of Academic Personnel and Programs' signature Date

Associate Provost of Assessment and Instruction's signature Date

Undergraduate Studies: [Signature] 9/13/16
Dean's signature Date

Graduate College: _____
Dean's signature Date

UFS - GPC or UPC (circle one): [Signature] 9/12/16
Chair's signature Date

UFS - Academic Planning and Budget: _____
Chair's signature Date

University Faculty Senate: _____
UFS President's signature Date

Provost: _____
Provost's signature Date

