College of Behavioral & Community Sciences OE & ‰ š u î ì OE•

Undergraduate and Graduate Course and Curriculum Approval Form

Proposer Name:

Email:

Department/School:

Type of Proposal (check appropriate box):

Course Proposals:

New Undergraduate Cours % OEµ (() ASSEUS o W

New Graduate Course ‰ Œ (] Æ ŠU] švqu dW Œ U

Undergraduate Course Change ‰ 04 u( ] ABELUSVO

Graduate Course Chang‰ Œ v(∦) Æ USE] ଔ o W

ssociated Major/Minor/Concentration/Certificate:

Curriculum Proposals:

Undergraduate Major/Minor/Certificate/Concentration Change d]šo W

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Eew Graduate Major/Minor/Certificateditle W

New Undergraduate Major/Minor/Certificateditle W

## Proposer Agreement:

I confirm that the course/curric µlum submitted in Curriculog is the **vierasi**on approved by my department/school.

For course proposals, I confirm that I have checked the Statewide Course Numbering System (SCNS) and USF does not currently offer this course.

For course proposals, I confirm my understanding that once approved, the course syllabus must comply with the Provosts' Course Syllabus Policy.

I confirm that this course/curriculum does not impact or is not offered by other departments/colleges, so no concurrency is needed.

## OR

I confirm that I have researchedpotential concurrency issues at USF and have notified relevant departments/collegesof this this

Proposer Signa	ture Date	e
Dept Chair/School Director	Signature	Date
Dept/School Curriculum Committee Chair	Signature	Date
Concurrency College/Department	z Signature	Date
College Curriculum Committee Chair	Signature	z Date
College Dean Designee	Signature	Date