



Division of Academic Affairs
New Degree Program Approval
Routing and Signature Form

Proposed Program Title: BA HEALTH SCIENCE CIP: 51.0000

Degree Level: Bachelor

Department: SCIENCE

[Signature]
Chair/Director's Signature

3/31/16
Date

College: SCIENCE

[Signature]
Dean's Signature

3-31-16
Date

Academic Affairs:

Associate Provost for Programs and Assessment's Signature

Date

Associate Provost for Planning and Budget's Signature

Date

Team for Assurance of Student Learning (TASL):

Committee Chair's Signature

Undergraduate Studies: [Signature]

Date 4/6/16

Dean's Signature (For Undergraduate Degree)

Date

Graduate College:

Dean's Signature (For Graduate Degree)

Date

UFS - GPC or UPC [circle one]: [Signature]

Chair's Signature

4/1/16
Date

Date

UFS - Academic Planning and Budget:

Chair's Signature

Date

University Faculty Senate:

UFS President's Signature

Date

Provost:

Provost's Signature

Date