

**Temple University
Establishing, Restructuring or Terminating Academic Programs
Signature Sheet**

Please have the responsible individuals sign and attach documentation of approval, as applicable

All Proposals	Department Curriculum Committee Chair	Date
	Department Chair	Date
	Chair of School Curriculum Committee or equivalent	Date
	Dean	Date

Undergraduate	EPPC (if applicable)	Date
	Vice Provost for Undergraduate Studies	Date

Graduate	Graduate Board Representative	Date
	Dean of the Graduate School	Date

Professional	Deputy Provost	Date
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Offices relevant to this proposal, such as Libraries, Policy, Planning and Analysis, Academic Records, Computing, and others have been consulted. See checklist for details.

CIP Discipline Specialty Title: _____

CIP Discipline Specialty Number: _____ Level: A _____ B _____ M. _____ D _____ P _____ C _____

All Proposals	Provost's Representative	Date
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The attached document has been reviewed and is recommended to the President for presentation to the Academic Affairs Committee of the Board of Trustees.

All Proposals	Provost	Date
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