

GRADUATE COURSE AND CURRICULUM PROPOSAL FORM

UNIVERSITY OF ARKANSAS AT MONTICELLO

(one copy of this form must accompany the original of each proposal during the entire approval process)

Division / School: _____ Date: _____

Signature of initiating Department Chair / Dean: _____ Desired effective date of change: _____

Nature of change: ADD DELETE MODIFY

Current listing in catalog:

New listing in catalog:

Justification:

APPROVAL:

Chair, Graduate Council: _____ Date: _____

Chancellor: _____ Date: _____

Submit to the Provost & Vice Chancellor for Academic Affairs, the Academic Council, and the Graduate Council at least 10 working days prior to consideration by the Graduate Council.

Revised August 2005