

# KENT STATE UNIVERSITY CERTIFICATION OF CURRICULUM PROPOSAL

Preparation Date \_\_\_\_\_ Curriculum Bulletin \_\_\_\_\_

Effective Date **select one** Approved by EPC \_\_\_\_\_

Department \_\_\_\_\_

College **select one**

Proposal **select one**

Proposal Name \_\_\_\_\_

Description of proposal:

Describe impact on other programs, policies or procedures (e.g., duplication issues; enrollment and staffing considerations; need, audience)

Units consulted (other departments, programs or campuses affected by this proposal):

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## REQUIRED ENDORSEMENTS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Department Chair / School Director

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Campus Dean (for Regional Campuses proposals)

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College Dean (or designee)

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Dean of Graduate Studies (for graduate proposals)

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Senior Vice President for Academic Affairs and Provost (or designee)