

**LEVEL OF PROPOSAL:**

**TYPE OF PROPOSAL:**

**TITLE OF SUBMISSION:** *(This title should match the title of the submission in the USF Curriculog System)*

**ALL COURSES:**

Is this a **required course** in a degree program or a certificate program or will be taught or used in a program area?

**IF REQUIRED IN ANY PROGRAM, PLEASE COMPLETE THE IMPACT VERIFICATION FORM on PAGE 3**

- **If yes**, which Program(s)?

*If yes*, has the Program Coordinator(s) been notified they could need to submit a program change in Curriculog?

**UNDERGRADUATE COURSES**

*Is this course being submitted to fulfill the requirements for Gen Ed?*

*If yes, which type?*

*Is this course being submitted as a Global Citizenship Project Course?*

**ALL PROGRAMS:** (*Graduate* or *Undergraduate*)\*\*\*

- *Is this an initial teacher certification program?*
- *If no, is this program reviewed by CAEP?*

***If this program is reviewed by CAEP, please acquire the signature of the Assessment Office***

**CERTIFICATES:** \*\*\*

- **ALL Certificates**--either new or changes **require** the signature of the Assessment Office.

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**ASSESSMENT OFFICE REVIEW**

**Required Signature for:**

- **ALL Courses/Programs leading to initial teacher certification**
- **ALL programs reviewed by CAEP and/or SACS**
- **ALL Certificates (either New or Revised)**

*I have reviewed a copy of the proposal and/or other supporting documents attached to the DocuSign and I do not foresee any assessment system issues.*

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*Dr. Margaret Krause Signature*

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*Date*

**\*\*\*All Program/Concentrations and Certificates submissions need to notify the COEDU Marketing/Communications Team via email: [cdelamarter@usf.edu](mailto:cdelamarter@usf.edu)**

## Faculty Originator Certification

I **confirm** that this course or the changes to or termination of this course/program does not impact other Departments/programs, so no concurrence is needed. **OR**

I **confirm** that I have researched potential areas of **concurrence across the USF system** and have notified those Institutions/Departments of this proposed course/program action – these areas are listed below and **a signed memo(s) and/or email(s)** is/are attached to this page. \*

Printed Name of Faculty Member Originator \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PROGRAM COORDINATOR REVIEW/APPROVAL

IF this submission is: a required course in a program and/or a Program Revision, the Program Coordinator's Signature is **required**.

Program Coordinator's Signature \_\_\_\_\_

Date \_\_\_\_\_

## CHAIR SIGNATURE APPROVAL

(Choose appropriate Chair's name from the drop-down menu)

Department Chair \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

2nd Department Chair (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## STUDENT ADVISING SERVICES OFFICE (SAS) REVIEW

Courses/Programs leading to initial teacher certification and/or Reviewed by CAEP (including Exercise Science)

Angelica Foley's Signature \_\_\_\_\_

Date \_\_\_\_\_

## CONCURRENCES

Formal review and acknowledgment from any departments, programs, or units that may be affected by the proposed course or program change, confirming their approval or documenting their concerns.

(\***MUST attach a signed memo and/or email providing supporting remarks or rationale for disapproval**):

NAME OF UNIT/DEPARTMENT:

CHECK ALL THAT APPLY:

APPROVED\*

DISAPPROVED\*

MEMO ATTACHED\*

Printed Name/Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

NAME OF UNIT/DEPARTMENT:

CHECK ALL THAT APPLY:

APPROVED\*

DISAPPROVED\*

MEMO ATTACHED\*

Printed Name/Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## MARKETING/COMMUNICATIONS NOTIFICATION

Notify Marketing/Communications) that this proposal is being submitted in the Curriculog System - This only applies to Programs, Concentrations and Certificates. The email is: [cdelamarter@usf.edu](mailto:cdelamarter@usf.edu)