TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO APPROVAL OF NEW DEGREE AND CERTIFICATE PROGRAMS, and DEGREE AND CERTIFICATE PROGRAM TERMINATION

Routing Sheet

Program Title:	
Required Attachments	for New Program Approvals
Request New Cer Documentation Minutes) Documentation	s Higher Education Coordinating Board (THECB) request form for New Doctoral or Professional Program Proposal Form tificate Notification Form of relevant school-level approvals (e.g., Curriculum Committee Meeting of Academic Council approval (Academic Council Meeting Minutes) ness Plan (as requested)
Required Attachments f	or Program Termination
DegreeDocumentationDocumentation	s Higher Education Coordinating Board (THECB) request form: <u>e Program and Administrative Unit Change Request Form</u> of relevant school-level approvals (e.g., Curriculum Committee Meeting Minutes) of Academic Council approval (Academic Council Meeting Minutes) ch-Out Plan (as requested)
	Academic Council Approval
Chair's Signature: Date of Approval: Comments:	
	School Dean Approval
Dean's Signature:	

Date of Approval:

Comments:

Routing by the Vice President for Academic Affairs (VPAA)

The Office of Academic Affairs will secure the following approvals: Library Director Signature: Date of Approval: _____ **Comments:** Financial Aid Officer Signature: Date of Approval: **Comments:** Student Business Services Signature: Date of Approval: **Comments:** Registrar Signature: Date of Approval: **Comments:** IT Academic Support Signature: Date of Approval: **Comments:** Student Services and Student Engagement Signature: Date of Approval: **Comments:** Chief Financial Officer Signature: Date of Approval: **Comments:**

VPAA Review and Approval

Comments:	
	President Review and Approval
President Signature:	<u> </u>
Date of Approval: Comments:	
	New Degree Programs and Degree Program Termination
	Board of Regents' Review and Approval
Date of Approval:	