Please use this form to notify other colleges that your proposed new program intends to use course(s) under their ownership; has identified potential avenues for interdisciplinary collaboration; and/or wants to hear their concerns about the creation of this program.

*Note: Requesting college should provide this request to leadership in unit who owns courses. Responding unit should respond within 10 business days from receipt. Lack of response after the 10 business days is presumed approval.*

**FOR REQUESTING COLLEGE:**

1. **Initiating College:** What college is requesting use of the course(s)?
2. **Representative(s) making the request:** Who is representing the requesting college?
3. **Planned proposed program:** What program will the requested course be a part of?
4. **Planned program start date:** Enter date here
5. **Courses planned to be included, belonging to college / departments:**

**FOR REVIEWING COLLEGE:**

1. Course #1 **Yes** [ ]  **No**[ ]  **Conditionally**[ ] **:** *Under what conditions?*
2. Course #2 **Yes** [ ]  **No**[ ]  **Conditionally**[ ] **:** *Under what conditions?*
3. Course #3 **Yes** [ ]  **No**[ ]  **Conditionally**[ ] **:** *Under what conditions?*
4. Course #4 **Yes** [ ]  **No**[ ]  **Conditionally**[ ] **:** *Under what conditions?*
5. Course #5 **Yes** [ ]  **No**[ ]  **Conditionally**[ ] **:** *Under what conditions?*
6. **Parameters of Use (add rows as necessary):

Undergraduate/Graduate**

|  |  |  |
| --- | --- | --- |
| **Course #**  | **Units** | **Description of use (i.e., gen ed, major core, emphasis, elective/selective)** |
| ***Ex: GEOS170C*** | ***3*** | ***Gen ed*** |
|  |  |  |
|  |  |  |

1. **Expected Yearly Enrollment (add rows as necessary):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Units** | **Exp Enrollment for Yr 1** | **Exp Enrollment for Yr 2** | **Exp Enrollment for Yr 3** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Opportunities for Interdisciplinary Collaboration (leave blank if none):**

1. **Concerns about Proposed Program (leave blank if none):**
2. **Representative(s) reviewing request:** Who is representative reviewing the request? (Should be Associate Dean / Dean)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_