

# UNIVERSITY OF NORTH GEORGIA

## Program Approval Form

Department: Dept of Communications, Date: 4/8/13  
 Proposed Program: Media Studies and Journalism  
B.A. in Communications  
 Level:  Certificate  Associates  Masters  Doctorate  
 Applied Associates  Baccalaureate  Educational Specialist

### Program Information

Type of Action (Check ONE):

- Addition  Other: (Please explain) \_\_\_\_\_  
 Revision \_\_\_\_\_  
 Deletion \_\_\_\_\_

Term Effective: Fall 2013 Spring 2014 CIP Code: 09.0199

### Please attach the following documents:

- Rationale for Addition, Deletion or Revision
- Budget (including program fee or tuition rate, if applicable)
- Plan of Study

### Library

This proposal has been reviewed by the library director concerning the adequacy of library resources available for the proposed program. Date: 4-1-13

If library resources to support this proposal are inadequate, the library director has confirmed that the estimated cost of acquiring the necessary materials is \$ 0 start-up and \$ 0 on-going.

### Approvals

<u>[Signature]</u>	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Reject	Date	<u>4/2/13</u>
Department Head (Required)				
<u>[Signature]</u>	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Reject	Date	<u>4/3/13</u>
College Curriculum Committee (Required)				
<u>[Signature]</u>	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Reject	Date	<u>4/3/13</u>
Dean (Required)				
_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Reject	Date	_____
Provost's Council (Required)				
_____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date	_____
General Education Committee*				
_____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date	_____
Professional Education Committee*				
_____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date	_____
Graduate Council*				
_____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date	_____
Academic Affairs Committee*				
_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Reject	Date	_____
Provost (Required)				

NOTE: Proposal cannot proceed to the next level without approval of "required" signatures. (Special explanation and syllabus are available on the N drive. Concerns should be addressed to your Department Head and Dean.)