



New Program Request Approvals

Program: _____

Campus: _____

Institutional Effectiveness: _____

Curriculum/Instruction Committee: _____

VPAA: _____

President: _____

☐ Degree

☐ Diploma

☐ Certificate

Date

Date

Date

Date

TCSG State Board of Directors Approval Date: _____

Or

TCSG Assistant Commissioner Approval Date: _____