



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Office of Academic Programs • WH 440 • creview@csudh.edu

REQUEST TO CREATE A NEW PREFIX

Proposer Name:

Email:

Date:

College:

Dept:

Extension:

Proposed Effective Term:

- 1. Proposed Prefix:**
- 2. Briefly describe the rationale for creating this new prefix.**



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NOTE: All appropriate sections of this form, including **section 5: Curriculum Register Synopsis**, must be **COMPLETED** and **APPROVED** by the department chair and must be completed prior to submission for campus-wide sharing (Curriculum Register). Submit completed proposals to Academic Programs via email (creview@csudh.edu) and copy your college curriculum committee chair and the appropriate staff person in your college.

Faculty Proposer

Signature

Date

Department Faculty

List of department faculty who approve this proposal. (Note: The number of names listed must constitute a simple majority of voting faculty members in the department.) This information may be included as an attachment.

Chair’s Signature

Date

Department Chair/Program Coordinator

Signature

Date

**University Curriculum Committee Chair
(as appropriate)**

Signature

Date

VPAA/Designee (Print)

Signature

Date