



4. What interdisciplinary opportunities exist for this proposal?  
*Include other faculty, programs, or colleges that may have interest in the plan*

5. Would the approval this program support the Strategic Plan and if so, how?

PRE-PLAN APPROVAL for the proposed: _____ degree in _____				
PRE-PLAN APPROVAL	Name	Signature	Action	Date
Faculty Name and Email			Email:	
Dept. Chair			<input type="checkbox"/> Approve <input type="checkbox"/> Not approved	
College Committee Chair			<input type="checkbox"/> Approve <input type="checkbox"/> Not approved	
College Dean or Designee			<input type="checkbox"/> Approve <input type="checkbox"/> Not approved	
Roundtable Concurrence / GECC Graduate Exec. Coordination Committee			<input type="checkbox"/> Recommend <input type="checkbox"/> Return to College	

**Next Actions:**

- Approved to move forward with development of Full Proposal
- Not approved to move forward with development of Full Proposal
- Tabled pending:
  - Concurrence from the following areas : \_\_\_\_\_
  - Clarification of information: \_\_\_\_\_
  - Other: \_\_\_\_\_
- Other:

For information on development of the full Proposal, refer to the Graduate School website ([www.grad.usf.edu](http://www.grad.usf.edu)) on New Degree Program Development.