MDST Proposal Form—Faculty Proposal

**MDST Proposal Processing Form—Faculty Proposal**

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| --- | --- |
| Faculty proposers names: | |
| Signed signature page, names typed under signatures |  |
| Date submitted to MDST Committee for approval (2 weeks prior to meeting time) |  |
| Meeting date first discussed |  |
| Evidence of consultation with relevant departments | Date: |

All proposals must have the following submitted to the Committee for approval

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Title of Proposal |  |  |
| Name of proposed area of study within MDST major (i.e. Disabilities Studies) |  |  |
| Curriculum plan |  |  |
| * 2 Cores—each Core titled, courses in sequential order |  |  |
| * Course descriptions in sequential order |  |  |
| * Related electives (not in Core 1 or Core 2 discipline) and how they integrate |  |  |
| * Capstone experience |  |  |
| Rationale page:   * Introduction of the purpose of proposal * Explanation of 2 cores/how the 2 cores interrelate * Integration of related courses * Explanation of Capstone Experience * Conclusion |  |  |

Faculty presented proposal Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome of first discussion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by MDST Committee Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not approved Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons for not approved:

Revisions requested:

|  |  |
| --- | --- |
| Date: | Approved by the MDST Committee |
| Date: | MDST Committee Chair received final paperwork |
| Date: | Original paperwork submitted to the Associate Provost |