

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
APPROVAL OF NEW DEGREE AND CERTIFICATE PROGRAMS, and
DEGREE AND CERTIFICATE PROGRAM TERMINATION**

Routing Sheet

Program Title: _____

Required Attachments for New Program Approvals

- Completed Texas Higher Education Coordinating Board (THECB) New Program [Request Form](#)/Proposal
 - ☐ *Request for New Doctoral or Professional Program*
 - ☐ *Request for New Bachelor or Master's Degree with < 50% New Content*
 - ☐ *Request for New Bachelor or Master's Degree with 50% or More New Content*
 - ☐ *New Academic Certificate*
- Documentation of relevant school-level approvals (e.g., Curriculum Committee Meeting Minutes)
- Documentation of Academic Council approval (Academic Council Meeting Minutes)
- Completed Business Plan (as requested)

Required Attachments for Degree Program and Administrative Unit Changes

- Completed Texas Higher Education Coordinating Board (THECB) request form:
 - ☐ [Degree Program and Administrative Unit Change Request Form](#)
- Documentation of relevant school-level approvals (e.g., Curriculum Committee Meeting Minutes)
- Documentation of Academic Council approval (Academic Council Meeting Minutes)
- Completed Teach-Out Plan (as relevant for program termination)

Academic Council Approval

Chair's Signature: _____
Date of Approval: _____
Comments:

School Dean Approval

Dean's Signature: _____
Date of Approval: _____
Comments:

Routing by the Vice President for Academic Affairs (VPAA)

The Office of Academic Affairs will secure the following approvals:

Library Director Signature: _____

Date of Approval: _____

Comments:

Financial Aid Officer Signature: _____

Date of Approval: _____

Comments:

Student Business Services Signature: _____

Date of Approval: _____

Comments:

Registrar Signature: _____

Date of Approval: _____

Comments:

IT Academic Support Signature: _____

Date of Approval: _____

Comments:

Student Services and Student Engagement Signature: _____

Date of Approval: _____

Comments:

Chief Financial Officer Signature: _____

Date of Approval: _____

Comments:

VPAA Review and Approval

VPAA Signature: _____
Date of Approval: _____
Comments:

President Review and Approval

President Signature: _____
Date of Approval: _____
Comments:

New Degree Programs and Degree Program Termination

Board of Regents' Review and Approval

Date of Approval: _____