

Council Approval

Note: This form is intended to track the progress of a proposal (whether from Academic Affairs or Health Sciences) through the Undergraduate and Graduate Councils.

Proposal: MS in Medical Science

This proposal needs to go through:

Undergraduate Council
Graduate Council
Both Approvals
Grad Approval/Undergrad Notification

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This proposal has been approved by:

Chair of Undergraduate Council

Date: _____

Chair of Graduate Council

Date: 9/20/18

Once the appropriate signature(s) have been obtained, please forward this completed form to the Office of the Senior Vice President for Academic Affairs. *(NOTE: The SVP-AA is the Chief Academic Officer for the University of Utah and reports to the Board of Regents in this capacity. When necessary, the CAO will get a signature from the SVP-HSC.)*

Chief Academic Officer

Date: 7/10/18

Once the Chief Academic Officer's signature has been obtained, this approval document will be forwarded to the **Office of the Academic Senate**.

**Utah System of Higher Education
New Academic Program Proposal
Cover/Signature Page - Full Template**

Institution Submitting Request: University of Utah
Proposed Program Title: Masters of Science in Medical Science
Sponsoring School, College, or Division: School of Medicine
Sponsoring Academic Department(s) or Unit(s): Dean's office
Classification of Instructional Program Code¹ : 26.0102
Min/Max Credit Hours Required to Earn Degree: 45 / Max Cr Hr
Proposed Beginning Term²: Summer 2019
Institutional Board of Trustees' Approval Date:

Program Type (check all that apply):

<input type="checkbox"/> (AAS)	Associate of Applied Science Degree
<input type="checkbox"/> (AA)	Associate of Arts Degree
<input type="checkbox"/> (AS)	Associate of Science Degree
<input type="checkbox"/>	Specialized Associate Degree (specify award type ³ :)
<input type="checkbox"/>	Other (specify award type ³ :)
<input type="checkbox"/> (BA)	Bachelor of Arts Degree
<input type="checkbox"/> (BS)	Bachelor of Science Degree
<input type="checkbox"/>	Professional Bachelor Degree (specify award type ³ :)
<input type="checkbox"/>	Other (specify award type ³ :)
<input type="checkbox"/> (MA)	Master of Arts Degree
<input checked="" type="checkbox"/> (MS)	Master of Science Degree
<input type="checkbox"/>	Professional Master Degree (specify award type ³ :)
<input type="checkbox"/>	Other (specify award type ³ :)
<input type="checkbox"/>	Doctoral Degree (specify award type ³ :)
<input type="checkbox"/>	K-12 School Personnel Program
<input type="checkbox"/>	Out of Service Area Delivery Program

Chief Academic Officer (or Designee) Signature:

I, the Chief Academic Officer or Designee, certify that all required institutional approvals have been obtained prior to submitting this request to the Office of the Commissioner.

Daniel A. Reed

Date: 10-9-2018

☒ I understand that checking this box constitutes my legal signature.

¹ For CIP code classifications, please see

² "Proposed Beginning Term" refers to first term after Regent approval that students may declare this program.

³ Please indicate award such as APE, BFA, MBA, MEd, EdD, JD