

REQUESTED BY

Individual(s) or Group(s):	Date:
Department Chair(s):	Date:
Graduate Program Coordinator: (if applicable)	Date:
Dean of Instruction:	Date:

Faculty Participation: (Circle One) YES NO
Results:

COMMITTEE ACTION

Chair persons please initial and date:

UNDERGRADUATE COURSES	GRADUATE COURSES
GENERAL EDUCATION COUNCIL: (When Applicable) Approved: _____ Not Appr: _____	
TEACHER EDUCATION COUNCIL: (When Applicable) Approved: _____ Not Appr: _____	TEACHER EDUCATION COUNCIL: (When Applicable) Approved: _____ Not Appr: _____
CURRICULUM COMMITTEE: Approved: _____ Not Appr: _____	GRADUATE COUNCIL: Approved: _____ Not Appr: _____
ACADEMIC COUNCIL: Approved: _____ Not Appr: _____	ACADEMIC COUNCIL: Approved: _____ Not Appr: _____