Individual(s) or Group(s):	Date:
Department Chair(s):	Date:
Graduate Program Coordinator: (if applicable)	Date:
Vice President for Academic Affairs:	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:	TEACHER EDUCATION COUNCIL:
(When Applicable)	(When Applicable)
Approved:	Approved:
Not Appr:	Not Appr:
CURRICULUM COMMITTEE:	GRADUATE COUNCIL:
Approved:	Approved:
Not Appr:	Not Appr:
ACADEMIC COUNCIL:	ACADEMIC COUNCIL:
Approved:	Approved:
Not Appr:	Not Appr:

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