

ROUTING SHEET FOR NEW/REVISED CURRICULAR OR ACADEMIC POLICY PROPOSALS

INSTRUCTIONS: This routing sheet should be attached to every new or revised curricular or academic policy proposal. While it may not be necessary for a given proposal to be reviewed and cleared at every step shown on this form, it is extremely important that the form not be signed at any point in the process unless all previously required clearances have been obtained. Procedural questions should be directed to the University Curriculum Coordinator, ADM 447, ext. 53568.

OFFICIAL TITLE OF PROGRAM PROPOSAL: _____

NATURE OF PROPOSAL BEING PRESENTED (Check each column, as appropriate):

- | | | |
|---|--|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Degree Program | <input type="checkbox"/> Undergraduate |
| <input type="checkbox"/> Revised | <input type="checkbox"/> Option, Emphasis, Minor, or Concentration | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> Discontinuance | <input type="checkbox"/> Academic Policy | <input type="checkbox"/> Combined (Undergraduate/Graduate) |
| <input type="checkbox"/> Temporary Suspension | <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Extended Learning (only) |

ROUTING: (The proposal should be reviewed, action taken, signed and dated, and transmitted to the next appropriate office, committee, or individual noted.)

Unit, Committee, or Individual Taking Action on Proposal	Check as appropriate		Signature	Date
	Recommend Approval	Recommend Disapproval		

DEPARTMENT ACTION: Department Chair _____

COLLEGE ACTION: College Dean _____

CURRICULUM COORDINATOR: Logging/Referral _____

Referred to: _____

AVP, Academic Program Development _____

Dean, Undergraduate Studies _____

Dean, Graduate Studies _____

TRANSMIT TO (as appropriate):

GRADUATE COUNCIL: Council Chair _____

UNIV. INTERDISCIPLINARY COUNCIL: Chair _____

Or specify: _____

CURRICULUM REVIEW & APPROVAL COMMITTEE: CRAC Chair _____

ACADEMIC POLICIES COMMITTEE: APC Chair _____

ACADEMIC SENATE: Senate Chair _____

OFFICE OF PROVOST/VICE PRESIDENT FOR ACADEMIC AFFAIRS: Provost/Vice President _____

(When signed by Provost/Vice President, ORIGINAL should be sent to Curriculum Coordinator)

IMPLEMENTATION RECORD

To Chancellor's Office: _____ From Chancellor's Office: _____

Depts./Colleges Notified: _____ University *Bulletin*: _____

Other: _____