East Georgia STATE COLLEGE®

ROUTING FORM: ACADEMIC POLICY / CURRICULUM

Attach a complete copy of the proposal for consideration. If changes are made to the proposal prior to approval, details must be provided in the comments section. Copies of supporting documentation should be attached to the form with each submission and should be retained at each level.

NAME OF POLICY/ PROPOSAL: _____

Brief Description:

TYPE of PROPOSAL:

☐ New Course   ☐ New Degree Program   ☐ Changes to Degree Requirements

☐ Deactivate Course   ☐ Deactivate Degree Program   ☐ New Policy Proposal

☐ Reactivate Course   ☐ Reactivate Degree Program   ☐ Revision of Existing Policy

☐ Discontinue Course   ☐ Discontinue Degree Program   ☐ Removal of Existing Policy

☐ Other _____

SUBMITTED BY:

Name	Signature	Date

Proposed Effective Date/Term: _____

ACADEMIC POLICIES AND CURRICULUM COMMITTEE (APCC)

Action: ☐ Approved   ☐ Denied   ☐ Returned   ☐ Tabled

Name of APCC Chair	Signature	Date

Comments:

FACULTY SENATE

Action: ☐ Approved   ☐ Denied   ☐ Returned   ☐ Tabled

_____   _____   _____

Name of Senate President   Signature   Date

Comments:

PROVOST / VPASA

Action: ☐   Approved   ☐ Denied   ☐ Returned   ☐ Tabled

_____   _____   _____

Name of Provost/VPASA   Signature   Date

Comments:

PRESIDENT

Action: ☐ Approved   ☐ Denied   ☐ Returned   ☐ Tabled

_____   _____   _____

Name of President   Signature   Date

Comments:

DISTRIBUTION

_____   _____   _____

Name   Signature   Date

Completed copies of the form must be distributed as appropriate.

☐ APCC   ☐ Registrar   ☐ Legal Affairs

☐ Faculty Senate   ☐ Human Resources   ☐ Webmaster

☐ Provost/VPAA   ☐ Institutional Research