(submit one per proposal)

JACKSON STATE UNIVERSITY
UNIVERSITY GRADUATE CURRICULUM COMMITTEE
INFORMATION SHEET

CURRICULAR ACTION FORM

Initiator ____________________________ Date __________________

College/ School email ____________________________ Department __________________

Phone Number ____________________________ Semester Needed __________________

TITLE OF COURSE: __________________

PROPOSAL SUBMITTED

________________________________________

________________________________________

________________________________________

Date of: Screening Committee Deliberations: _________ Curriculum Committee Deliberations: _________

SIGNATURES

________________________________________

Department Chair __________ Date __________ Dean of School/ College __________ Date __________

________________________________________

Chair, Cross-Ref. Dept. ________ Date ________ Dean, Cross-Ref School/ College ________ Date ________

RECOMMENDED ACTION

___________ Approved _________ Disapproved _________ With Conditions _________ Tabled

________________________________________

Curriculum Committee Chair ________ Date ________

ACTION OF ACADEMIC AFFAIRS

___________ Approved _________ Disapproved _________ With Conditions _________ Tabled

________________________________________

Provost and Senior Vice President for Academic and Student Affairs ________ Date ________