

(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