(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

_________________________ Date _______________ Dean of School/ College _______________
Department Chair

_________________________ Date _______________
Chair, Cross-Ref. Dept.

_________________________ Date _______________
Dean, Cross-Ref School/ College

RECOMMENDED ACTION

_________ Approved ____________ Disapproved ________ With Conditions ________ Tabled

_________________________ Date _______________
Curriculum Committee Chair

ACTION OF ACADEMIC AFFAIRS

_________ Approved ____________ Disapproved ________ With Conditions ________ Tabled

Provost and Senior Vice President for Academic and Student Affairs _______________

Date ___