Jackson State University

Distance Education Decision-Making Unit

COURSE ACTION FORM

Date _____ Semester Needed _____ CRN _____

Instructor _____ J-Number _____

College _____ School _____

Email _____ Phone Number _____

TITLE OF COURSE _____

TYPE OF COURSE: _____ Online _____ Hybrid _____ Other

RATIONALE _____

_____

Date of DMU Deliberations: _____

SIGNATURES

_____ _____ _____ _____

Department Chair | Date | Dean of College | Date

_____ _____ _____ _____

Chair, Cross-Ref. Dept. | Date | Dean, Cross-Ref. Dept. | Date

RECOMMENDED ACTION

_____ Approved _____Disapproved _____With Conditions _____Tabled

_____ _____

DMU Chair | Date

ACTION OF ACADEMIC AFFAIRS

_____ Approved _____Disapproved _____With Conditions _____Tabled

_____ _____

Provost/VP for Academic Affairs | Date

Course Proposal Form & Syllabus must be attached to this form.