(submit one per proposal)

# JACKSON STATE UNIVERSITY

UNIVERSITY UNDERGRADUATE 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:

## SIGNATURES

Curriculum Committee Deliberations:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President for Academic and Student Affairs Date