

UNIVERSITY UNDERGRADUATE CURRICULUM COMMITTEE

CURRICULAR ACTION FORM

|  |
| --- |
| Date: |

INITIATOR INFORMATION

|  |  |  |
| --- | --- | --- |
| **Initiator:** | **Email:** | **Phone #:** |
| **College/School:** | **Department:** | **Division:** |
| **Chair/Department:** | **Email:** | **Phone #:** |
| **Dean:** | **Email:** | **Phone #:** |

PROPOSAL INFORMATION

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| --- |
| **Course Number & Title of Course** (if applicable): |
| **Proposal Submitted:** |

SIGNATURES

|  |  |
| --- | --- |
| **Department Chair Date** | **Dean Date** |
| **Chair, Cross Reference Dept. Date** | **Chair, Cross Reference Dept. Date** |

UGCC ACTION

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| **[ ] Approved [ ] Disapproved [ ] With Conditions [ ] Tabled** |
| **Explanation (if “w/conditions” or “tabled”):** |
| **Curriculum Committee Chair Date** |

ACADEMIC AFFAIRS ACTION

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| --- |
| **[ ] Approved [ ] Disapproved [ ] With Conditions [ ] Tabled** |
| **Explanation (if “w/conditions” or “tabled”):** |
| **Provost/ VP- Academic Affairs Date** |