COURSE ACTION FORM

Date _____ Semester Needed _____

College _____ Department_____

Email _____ Phone Number _____

TITLE OF COURSE _____

TYPE OF COURSE: _☐_ Online _☐_ Hybrid _☐_ Other

RATIONALE

SIGNATURE

_____ _____ _____ _____

Department Chair Date Dean of College Date

_____ _____ _____ _____

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

ACTION OF ACADEMIC AFFAIRS

_____ Approved _____Disapproved _____With Conditions _____Tabled

_____ _____

Academic Affairs Specialist Date

RECOMMENDED ACTION

_____ Approved _____Disapproved _____With Conditions _____Tabled

_____ _____

Assistant Director, JSUOnline Date

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