

**ROUTING FORM FOR PROPOSED CHANGES TO ACADEMIC POLICY, CURRICULUM CHANGES, STATUTES
EAST GEORGIA STATE COLLEGE**

NAME OF POLICY/ PROPOSAL: _____

Attach a complete copy of the proposed change as acted upon by the APCC or Faculty Senate. If changes made to proposal prior to adopting, please note the person and governance body making the change on the proposal, initial and date the change. Copies of appropriate documentation should be attached to the form with each submission and should be retained at each level. Please indicate the type of proposal being submitted:

- | | | |
|--|--|---|
| <input type="checkbox"/> New Course | <input type="checkbox"/> New Degree Program | <input type="checkbox"/> Changes to Degree Program Requirements |
| <input type="checkbox"/> Deactivate Course | <input type="checkbox"/> Discontinue Course | <input type="checkbox"/> Reactivate Course |
| <input type="checkbox"/> Discontinue Course | <input type="checkbox"/> Deactivate Degree Program | <input type="checkbox"/> Discontinue Degree Program |
| <input type="checkbox"/> Reactivate Degree Program | | <input type="checkbox"/> Statutes Revision |
| <input type="checkbox"/> Policy Proposal. | <input type="checkbox"/> Policy Revision | <input type="checkbox"/> Other: _____ |

ACADEMIC POLICIES AND CURRICULUM COMMITTEE (APCC)

Initiated and Submitted to APCC

Signature _____
Date

AVP AA Approval:

Signature _____
Date

APCC Action: Approved Denied Returned Tabled

Signature of Vice President for Academic and Student Affairs, Chair _____
Date

Comments: _____

APCC Chair submits to Faculty Senate

FACULTY SENATE

Faculty Senate Action: Approved Denied Returned Tabled

Signature of Faculty Senate President _____
Date

Comments: _____

Faculty Senate President sends to the Vice President for Academic and Student Affairs for consideration.

Note: Revisions to EGSC Statutes require approval of President’s Cabinet and must be submitted to Chief of Staff/Legal Counsel for routing to President’s Cabinet and routing to President. Please indicate “EGSC Statutes revision” on this form.

Provost’s (or designee’s) Action: Approved Denied Returned Tabled

Signature _____
Date

Comments: _____

President's (or designee's) Action: **Approved** ____ **Denied** ____ **Returned** ____ **Tabled** ____

Signature

Date

Comments: _____

Distribution By:

Signature

Date

President's Office keeps a copy of this **ACADEMIC POLICY/PROPOSAL ROUTING FORM**; **Original form** is sent to Academic Affairs for distribution to the following:

Faculty Senate—President

Date _____

Academic Policies & Curriculum Committee—Chair/VPASA

Date _____

Chief of Staff/Legal Counsel

Date _____

Director of Institutional Research

Date _____

Registrar's Office

Date _____

(v. 04-12-2023)