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:

____New Course   _____ New Degree Program    _____ Changes to Degree Program Requirements
____ Deactivate Course   _____ Discontinue Course    _____ Reactivate Course
____ Discontinue Course   _____ Deactivate Degree Program    _____ Discontinue Degree Program
____ Reactivate Degree Program
____ Policy Proposal.   _____ Policy Revision    _____ Statutes Revision
____ Other: ____________________________

ACADEMIC POLICIES AND CURRICULUM COMMITTEE (APCC)

Initiated and Submitted to APCC

____________________________________________   _____________________
Signature        Date

Dean 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 EGSC President and to the Vice President for Academic and Student Affairs

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.

PRESIDENT

President’s (or designee’s) Action: Approved ____ Denied ____ Returned ____ Tabled ____
____________________________________________   _____________________
Signature        Date

Comments: _______________________________________________________________________________
_________________________________________________________________________________________

Distribution By:

____________________________________________   _____________________
Signature        Date

President retains original ACADEMIC POLICY/PROPOSAL ROUTING FORM

President’s Office Distributes Copies To:

Faculty Senate—President        Date _____________________
Academic Policies & Curriculum Committee—Chair/VPASA        Date _____________________
Chief of Staff/Legal Counsel        Date _____________________

9/19/18