NAME OF POLICY/PROPOSAL: ______________________________________________________________

In order to track the approval of academic policy curriculum changes, this form must be signed by each governing body in the approval process. Copies of appropriate documentation should be attached to the form with each submission and should be retained at each level in order to determine which governing body made revisions to the policy or proposal.

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 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   Date _____________________
Vice President for Academic and Student Affairs __   Date _____________________
Chief of Staff/Legal Counsel ___________________   Date _____________________