

**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:

- | | | |
|--------------------------------|--------------------------------|---|
| ____ 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 | | ____ Statutes Revision |
| ____ Policy Proposal. | ____ Policy 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’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 _____ |
| Registrar’s Office | Date _____ |