CURRICULUM CHANGE ROUTING SHEET

Title/Subject of curriculum change:

Contact Person:

Telephone: e-mail address:

Check One: __ New course
            __ Revision of a course
            __ New program
            __ Revision of a program

Ctm Action: ___ Approve
            ___ Approve with condition/s
            ___ Disapprove

Provide narrative description of any condition/s to this approval:

Signatures and approval dates:

Curriculum Committee Chair: Signature: _________________ Date: _____

Academic Vice-President: Signature: _________________ Date: _____

• Catalog Coordinator
• Registrar
• IR (Taxonomy)
• Student Accounts Manager
• Budget Manager
• Library
• Originator

Note: Publication of approved changes will normally be reflected in the subsequent year Student Handbook and Catalog. For implementation or public notice required prior to that schedule, the OAA will issue the change by posting on the OAA webpage.

Revised 02-2007