

COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE Management Strategy BUSN-2070

SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>John Ribezzo</u> Signature	<u>3/5/14</u> Date
	_____ Signature	_____ Date
Department Vote for Approval:	# Yes <u>10</u> # No <u>0</u> # Not Voting <u>0</u> <i>(Department members voting "no" may submit a separate report)</i>	
Department Chair:	<u>John Ribezzo</u> Signature	<u>2/24/14</u> Date
Academic Dean:	<u>Paul N. Woodruff</u> Signature	<u>3-5-14</u> Date

Note: All sections of this form must be completed and submitted with all required attachments to the Chair of the Curriculum Committee according to published distribution schedule. Should you have any questions, call the Office of the Dean of Business, Science and Technology, 825-2147.

CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP		
Meeting Date:	<u>4-25-14</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> <u>9</u> # No <input type="checkbox"/> <u>0</u> # Abstentions <input type="checkbox"/> <u>-</u>
Curriculum Committee Chair:	<u>Paul N. Woodruff</u> Signature	<u>5-2-14</u> Date
<input checked="" type="checkbox"/> Forward to VPAA and President	<input type="checkbox"/> Return to Department	
V.P. for Academic Affairs:	<u>[Signature]</u> Signature	<u>5/15/14</u> Date
READY FOR IMPLEMENTATION		
President:	<u>[Signature]</u> Signature	<u>8-3-14</u> Date

File: Office of Vice President for Academic Affairs

PROGRAM PROPOSAL APPROVAL TRACKING FORM

NAME OF PROGRAM: Associate of Fine Arts in Art

SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	 _____ Signature	<u>4/4/14</u> _____ Date
	_____ Signature	_____ Date
Department Vote for Approval: # Yes <u>9</u> # No <u>1</u> # Not Voting <u>3</u> <i>(Department members voting "no" may submit a separate report)</i>		
Department Chair:	 _____ Signature	<u>4/4/14</u> _____ Date
Academic Dean:	 _____ Signature	<u>4/4/14</u> _____ Date

Note: All sections of this form must be completed and submitted with all required attachments to the Chair of the Curriculum Committee according to published distribution schedule. Should you have any questions, call the Office of the Dean of Business, Science and Technology, 825-2147.

CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP		
Meeting Date: <u>4-25-14</u>	Committee Vote # Yes <input checked="" type="checkbox"/> 8 # No <input type="checkbox"/> 0 # Abstentions <input type="checkbox"/> 1	
Curriculum Committee Chair:	 _____ Signature	<u>5-2-14</u> _____ Date
<input checked="" type="checkbox"/> Forward to VPAA and President <input type="checkbox"/> Return to Department		
V.P. for Academic Affairs:	 _____ Signature	<u>5/15/14</u> _____ Date
President:	 _____ Signature	<u>6-3-14</u> _____ Date
<input type="checkbox"/> To PEEC for Certificates of 18 or less Date of Approval: _____ <input type="checkbox"/> To ASAC / BOE Date of Approval: _____ <input checked="" type="checkbox"/> READY FOR IMPLEMENTATION		

File: Office of Vice President for Academic Affairs