

# PROGRAM PROPOSAL APPROVAL TRACKING FORM

NAME OF PROGRAM: Chemical Technology

## SIGNATURES REQUIRED PRIOR TO SUBMISSION

<b>Academic Department</b>			
Proposal Originator(s):	<u>Wayne Smith</u> Signature	<u>10/29/14</u> Date	
	<u>Elizabeth Alford</u> Signature	<u>10/29/14</u> Date	
Department Vote for Approval:	# Yes <u>7</u> # No <u>0</u> # Not Voting <u>0</u>	<i>(Department members voting "no" may submit a separate report)</i>	
Department Chair:	<u>Elizabeth Alford</u> Signature	<u>10/29/14</u> Date	
Academic Dean:	<u>R. N. Worthing</u> Signature	<u>11-12-14</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>12/5/14</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> <u>10</u> # No <input type="checkbox"/>	# Abstentions <input type="checkbox"/>
Curriculum Committee Chair:	<u>R. N. Worthing</u> Signature	Date	
<input type="checkbox"/> Forward to VPAA and President		<input type="checkbox"/> Return to Department	
V.P. for Academic Affairs:	<u>[Signature]</u> Signature	<u>12/15/14</u> Date	
President:	<u>[Signature]</u> Signature	<u>12/15/14</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 type="checkbox"/>	READY FOR IMPLEMENTATION		

File: Office of Vice President for Academic Affairs

# PROGRAM PROPOSAL APPROVAL TRACKING FORM

**NAME OF PROGRAM:** RESPIRATORY THERAPY PROGRAM

## SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>Joanne Jacobs</u> Signature	<u>10/22/14</u> Date
	_____ Signature	_____ Date
Department Vote for Approval:	# Yes <u>8</u> # No _____	# Not Voting <u>2</u>
	<i>(Department members voting "no" may submit a separate report)</i>	
Department Chair:	<u>Shawn E. Perkins</u> Signature	<u>10/22/2014</u> Date
Academic Dean:	<u>Phyllis Woodbury</u> Signature	<u>11-14-14</u> Date

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP		
Meeting Date: <u>12/5/14</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> # No <input type="checkbox"/>	# Abstentions <input type="checkbox"/> <u>1</u>
Curriculum Committee Chair:	<u>Phyllis Woodbury</u> Signature	_____ Date
<input type="checkbox"/> Forward to VPAA and President	<input type="checkbox"/> Return to Department	
V.P. for Academic Affairs:	<u>BJ</u> Signature	<u>12/15/14</u> Date
President:	<u>Raymond</u> Signature	<u>12/15/14</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 type="checkbox"/>	READY FOR IMPLEMENTATION	

File: Office of Vice President for Academic Affairs

# COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE RESPIRATORY CARE I RESP 1010

## SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>Joanne Jacobs</u> Signature	<u>10/22/2014</u> Date
	_____ Signature	_____ Date
Department Vote for Approval:	# Yes <u>8</u> # No _____	# Not Voting <u>2</u>
	<i>(Department members voting "no" may submit a separate report)</i>	
Department Chair:	<u>Sharon E. Perkins</u> Signature	<u>10/22/2014</u> Date
Academic Dean:	<u>Paul H. Woodruff</u> Signature	<u>11-11-14</u> Date

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## CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

Meeting Date:	<u>12/5/14</u>	Committee Vote:	# Yes <input checked="" type="checkbox"/> <u>9</u>	# No <input type="checkbox"/>	# Abstentions <input type="checkbox"/> <u>1</u>
Curriculum Committee Chair:	<u>Paul H. Woodruff</u> Signature				_____ Date
<input type="checkbox"/>	Forward to VPAA and President	<input type="checkbox"/>	Return to Department		
V.P. for Academic Affairs:	<u>[Signature]</u> Signature				<u>12/15/14</u> Date
<b>READY FOR IMPLEMENTATION</b>					
President:	<u>[Signature]</u> Signature				<u>12/15/14</u> Date

File: Office of Vice President for Academic Affairs

# COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE RESP 1012 PRECLINICAL PRACTICE

## SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>Joanne Jacobs</u> Signature	<u>10/22/14</u> Date
	_____ Signature	_____ Date
Department Vote for Approval:      # Yes <u>8</u> # No <u>    </u> # Not Voting <u>2</u> <i>(Department members voting "no" may submit a separate report)</i>		
Department Chair:	<u>Sharon J. Perkins</u> Signature	<u>10/22/2014</u> Date
Academic Dean:	<u>Phil. Worthington</u> Signature	<u>11-14-14</u> Date

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP		
Meeting Date: <u>12/5/14</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> # No <input type="checkbox"/> # Abstentions <input type="checkbox"/>	
Curriculum Committee Chair:	<u>Phil. Worthington</u> Signature	_____ Date
<input type="checkbox"/> Forward to VPAA and President	<input type="checkbox"/> Return to Department	
V.P. for Academic Affairs:	<u>[Signature]</u> Signature	<u>12/15/14</u> Date
<b>READY FOR IMPLEMENTATION</b>		
President:	<u>[Signature]</u> Signature	<u>12/15/14</u> Date

File: Office of Vice President for Academic Affairs

# COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE RESPIRATORY CARE II RESP 1100

## SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>Joanne Jacobs</u> Signature	<u>10/22/14</u> Date
	_____ Signature	_____ Date
Department Vote for Approval:	# Yes <u>8</u> # No _____	# Not Voting <u>2</u>
(Department members voting "no" may submit a separate report)		
Department Chair:	<u>Spencer E. Perkins</u> Signature	<u>10/22/14</u> Date
Academic Dean:	<u>Paul H. Woodbury</u> Signature	<u>11-14-14</u> Date

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## CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

Meeting Date:	<u>12/5/14</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> <u>9</u>	# No <input type="checkbox"/>	# Abstentions <input type="checkbox"/> <u>1</u>
Curriculum Committee Chair:	<u>Paul H. Woodbury</u> Signature	_____ Date		
<input type="checkbox"/>	Forward to VPAA and President	<input type="checkbox"/>	Return to Department	
V.P. for Academic Affairs:	<u>[Signature]</u> Signature	<u>12/15/14</u> Date		

## READY FOR IMPLEMENTATION

President:	<u>[Signature]</u> Signature	<u>12/15/14</u> Date
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# COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE RESP 2110 RESPIRATORY CRITICAL CARE

## SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>Joanne Jacobs</u> Signature	<u>10/22/2014</u> Date
	_____ Signature	_____ Date
Department Vote for Approval:	# Yes <u>8</u> # No _____	# Not Voting <u>2</u>
	(Department members voting "no" may submit a separate report)	
Department Chair:	<u>Philip J. Perkins</u> Signature	<u>10/22/2014</u> Date
Academic Dean:	<u>Phyllis Woodbury</u> Signature	<u>11-14-14</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>12/5/14</u>	Committee Vote:	# Yes <input checked="" type="checkbox"/> <u>9</u>	# No <input type="checkbox"/>	# Abstentions <input type="checkbox"/> <u>1</u>
Curriculum Committee Chair:	<u>Phyllis Woodbury</u> Signature				_____ Date
<input type="checkbox"/>	Forward to VPAA and President	<input type="checkbox"/>	Return to Department		
V.P. for Academic Affairs:	<u>[Signature]</u> Signature				<u>12/15/14</u> Date
<b>READY FOR IMPLEMENTATION</b>					
President:	<u>[Signature]</u> Signature				<u>12/15/14</u> Date

File: Office of Vice President for Academic Affairs