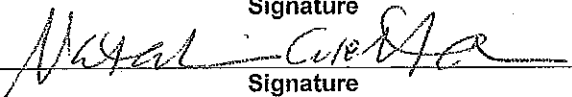
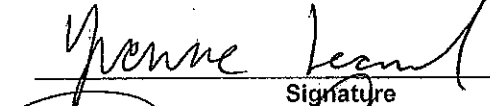
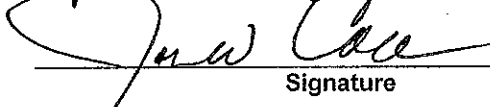


COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE Art History: Modern Through Contemporary

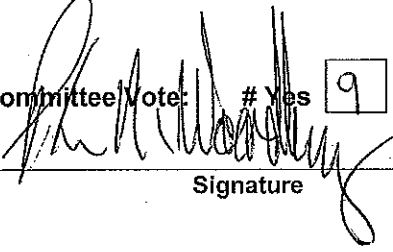
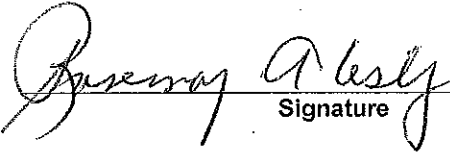
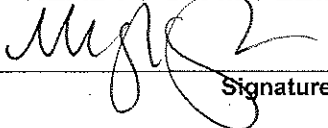
RECEIVED
APR - 1 2016
ACADEMIC AFFAIRS

SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>Natalie Coletta</u> Signature	<u>March 12, 2016</u> Date
	 Signature	<u>3/29/16</u> Date
Department Vote for Approval:	# Yes <u>9</u> # No <u> </u> # Not Voting <u> </u> <small>(Department members voting "no" may submit a separate report)</small>	
Department Chair:	<u></u> Signature	<u>3/30/16</u> Date
Academic Dean:	<u></u> Signature	<u>3/31/16</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>4/22/16</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> <u>9</u> # No <input type="checkbox"/> <u>0</u> # Abstentions <input type="checkbox"/> <u>1</u>	
Curriculum Committee Chair:	<u></u> Signature	<u>4-29-16</u> Date
<input checked="" type="checkbox"/> Forward to VPAA and President	<input type="checkbox"/> Return to Department	
V.P. for Academic Affairs:	<u></u> Signature	<u>5-13-16</u> Date
READY FOR IMPLEMENTATION		
President:	<u></u> Signature	<u>5-13-16</u> Date

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

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ACADEMIC AFFAIRS

NAME OF COURSE Administration of Nitrous Oxide for the Registered Dental Hygienist

SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>Cynthia Johnson</u> Signature	<u>3/14/16</u> Date
	<u>Kathleen J. Gajzola</u> Signature	<u>3/14/16</u> Date
Department Vote for Approval:	# Yes <u>9</u> # No <u> </u> # Not Voting <u> </u>	
<i>(Department members voting "no" may submit a separate report)</i>		
Department Chair:	<u>Kathleen J. Gajzola</u> Signature	<u>3/14/16</u> Date
Academic Dean:	<u>Rosemary A. Costello</u> Signature	<u>3/31/16</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>4/22/16</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> <u>10</u> # No <input type="checkbox"/> <u>0</u> # Abstentions <input type="checkbox"/> <u>0</u>
Curriculum Committee Chair: <u>[Signature]</u>	<u>4-29-16</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>	<u>5-13-16</u> Date
READY FOR IMPLEMENTATION	
President: <u>[Signature]</u>	<u>5-13-16</u> Date


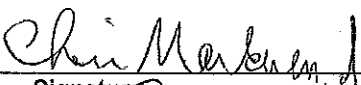
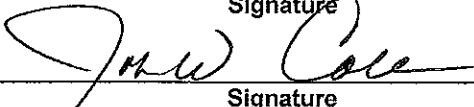
File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

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MAR 29 2016
ACADEMIC AFFAIRS

NAME OF COURSE MUSC1112 Introduction to Digital Recording Technology

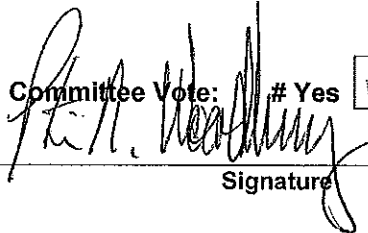
SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	Cheri Markward <u></u> Signature	3-14-16 Date
	_____ Signature	_____ Date
Department Vote for Approval (music only): # Yes <u>5</u> # No <u>0</u> # Not Voting <u>0</u> <i>(Department members voting "no" may submit a separate report)</i>		
Department Chair:	Cheri Markward <u></u> Signature	3-14-16 Date
Academic Dean:	<u></u> Signature	3/31/16 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: 4/22/16 **Committee Vote:** # Yes 10 # No 0 # Abstentions 0

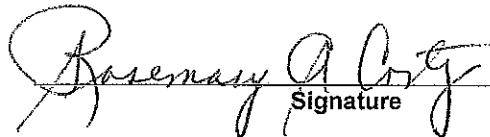
Curriculum Committee Chair:  4-29-16
Signature Date



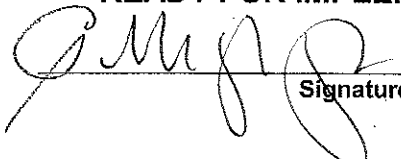
Forward to VPAA and President



Return to Department

V.P. for Academic Affairs:  5-13-16
Signature Date

READY FOR IMPLEMENTATION

President:  5-13-16
Signature Date

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

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MAR 29 2016
ACADEMIC AFFAIRS

NAME OF COURSE Music Therapy and Geriatrics

SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>Cheri Markward</u> Signature	<u>3-14-16</u> Date
	_____ Signature	_____ Date
Department Vote for Approval (Music only):	# Yes <u>5</u> # No <u>0</u> # Not Voting <u>0</u>	
	<i>(Department members voting "no" may submit a separate report)</i>	
Department Chair:	<u>Cheri Markward</u> Signature	<u>3-14-16</u> Date
Academic Dean:	<u>Jon W Cole</u> Signature	<u>3/31/16</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>4/22/16</u>	Committee Vote:	# Yes <input type="checkbox"/> <u>10</u>	# No <input type="checkbox"/> <u>0</u>	# Abstentions <input type="checkbox"/> <u>0</u>
Curriculum Committee Chair:	<u>[Signature]</u> Signature				<u>4-29-16</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>5-13-16</u> Date
President:	<u>[Signature]</u> Signature				<u>5-13-16</u> Date

READY FOR IMPLEMENTATION

File: Office of Vice President for Academic Affairs

Curriculum Committee Overview

A.S. Manufacturing Technology and Associated Certificates			Existing	New
Degree and Certificates				
1	A.S. Degree – Advanced Manufacturing Technology	ETMA		x
2	Certificate – Manufacturing Design & Rapid Prototyping	ETMD		x
3	Certificate - Manufacturing Machining	ETMM		x
4	Certificate - Manufacturing Automation and Quality	ETMQ		x
Related Courses				
5	** Mechanical Industrial Design	ETCN 1000		x
6	**Advanced Machining Skills	ETCN 2000		x
7	** Lean Manufacturing	ETCN 2250		x
8	**Industry and OSHA-10 Seminars	ETCN 2400		x
9	**Automated Machining Technology	ETCN 2350		x
10	**Manufacturing Quality Control	ETCN 2360		x
11	ENGL 1010 Composition I	ENGL 1010	x	
12	Applied Technical Math I	MATH 1750	x	
13	Applied Technical Math II	MATH 1760	x	
14	Physics for technology	PHYS 1050	x	
15	Intro. to Renewable Energy	PHYS 1070	x	
16	Psychology in the Workplace	PSY 1050	x	
17	Oral Communications I	COMM 1100	x	
18	Engineering Graphics (Solidworks)	ENGR 1030	x	
19	Blue Print Reading and Machine Handbook	ETCN 1100	x	
20	Intro to Manufacturing Process	ETME 1020	x	
21	Advanced Solid Modeling	ENGT 2090	x	
22	CNC Manufacturing I	ETCN 1300	x	
23	Precision Measurement & Geometric Dim. Tol.	ETCN 1200	x	
24	Introduction to Digital systems (PLCs)	ETEE 1800	x	
25	Introduction to Robotics and Control	ETME 1010	x	
26	CNC Manufacturing Capstone (140 hr Internship)	ETCN 2500	x	
27	Introduction to AutoCAD	ENGT 1060	x	
28	3D Modeling and Prototyping	ETCN 2300	x	
29	Computer Aided Manufacturing (Master Cam)	ETCN 2100	x	
30	CNC Manufacturing II	ETCN 2200	x	
31	Automation Systems	ETME 2150	x	

PROGRAM PROPOSAL APPROVAL TRACKING FORM

Name of Proposal: A.S. Degree – Advanced Manufacturing Technology

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APR - 4 2016

SIGNATURES REQUIRED PRIOR TO SUBMISSION

ACADEMIC AFFAIRS

Academic Department		
Proposal Originator(s):	<u><i>[Signature]</i></u> Signature	<u>4-1-16</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><i>[Signature]</i></u> Signature	<u>4-4-16</u> Date
Academic Dean:	<u><i>[Signature]</i></u> Signature	<u>4-4-16</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:	Committee Vote: # Yes <input checked="" type="checkbox"/> <u>9</u> # No <input type="checkbox"/> <u>0</u> # Abstentions <input type="checkbox"/> <u>1</u>	
Curriculum Committee Chair:	<u><i>[Signature]</i></u> Signature	<u>4-29-16</u> Date
<input checked="" type="checkbox"/> Forward to VPAA and President	<input type="checkbox"/> Return to Department	
V.P. for Academic Affairs:	<u><i>[Signature]</i></u> Signature	<u>5-13-16</u> Date
President:	<u><i>[Signature]</i></u> Signature	<u>5-13-16</u> Date
<i>Proposal to Post Secondary Commission required</i>		
<input type="checkbox"/>	To PEEC for Certificates of 18 or less	Date of Approval: _____
<input checked="" type="checkbox"/>	To ASAC / BOG	Date of Approval: _____
<input type="checkbox"/>	READY FOR IMPLEMENTATION	

File: Office of Vice President for Academic Affairs

PROGRAM PROPOSAL APPROVAL TRACKING FORM

Name of Proposal: Certificate – Manufacturing Design & Rapid Prototyping (ETMD)

SIGNATURES REQUIRED PRIOR TO SUBMISSION

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 APR 4 2016
ACADEMIC AFFAIRS

Academic Department

Proposal Originator(s): *[Signature]*
 Signature _____ Date _____

 Signature _____ Date _____

Department Vote for Approval: # Yes 10 # No 0 # Not Voting 0
(Department members voting "no" may submit a separate report)

Department Chair: *[Signature]* 4-4-16
 Signature _____ Date _____

Academic Dean: *[Signature]* 4-4-16
 Signature _____ 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: 4/22/16 Committee Vote: # Yes 9 # No 0 # Abstentions 1

Curriculum Committee Chair: *[Signature]* 4-29-16
 Signature _____ Date _____

Forward to VPAA and President Return to Department

V.P. for Academic Affairs: *[Signature]* 5-13-16
 Signature _____ Date _____

President: *[Signature]* 5-13-16
 Signature _____ Date _____

To PEEC for Certificates of 18 or less Date of Approval: _____
 To ASAC / BOG Date of Approval: _____
 READY FOR IMPLEMENTATION


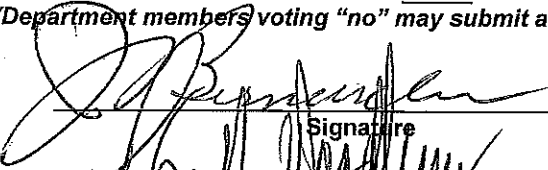
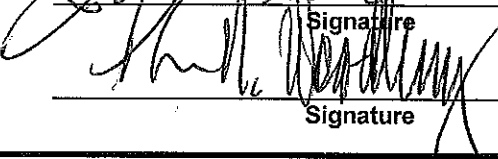
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PROGRAM PROPOSAL APPROVAL TRACKING FORM

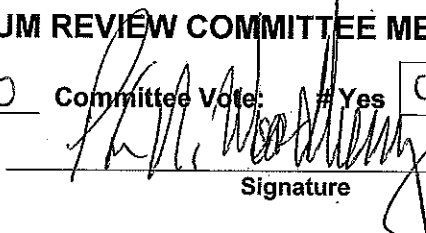

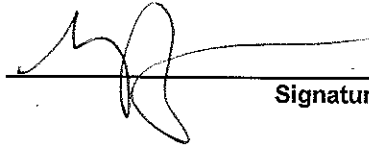
Name of Proposal: Certificate – Advanced Manufacturing Machining (ETMM)

SIGNATURES REQUIRED PRIOR TO SUBMISSION

RECEIVED
APR - 1 - 2016

Proposal Originator(s):	Academic Department  _____ Signature	ACADEMIC AFFAIRS 4-7-16 _____ Date
	_____ Signature	_____ Date
Department Vote for Approval:	# Yes <u>10</u> # No <u>0</u> # Not Voting <u>0</u> (Department members voting "no" may submit a separate report)	
Department Chair:	 _____ Signature	<u>4-4-16</u> _____ Date
Academic Dean:	 _____ Signature	<u>4-4-16</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>4/22/16</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> <u>9</u> # No <input type="checkbox"/> <u>0</u> # Abstentions <input type="checkbox"/> <u>1</u>	
Curriculum Committee Chair:	 _____ Signature	<u>4-29-16</u> _____ Date
<input checked="" type="checkbox"/> Forward to VPAA and President		<input type="checkbox"/> Return to Department
V.P. for Academic Affairs:	 _____ Signature	<u>5-13-16</u> _____ Date
President:	 _____ Signature	<u>5-13-16</u> _____ Date
<input type="checkbox"/> To PEEC for Certificates of 18 or less <input checked="" type="checkbox"/> To ASAC / BOG <input type="checkbox"/> READY FOR IMPLEMENTATION	Date of Approval: _____ Date of Approval: _____	

File: Office of Vice President for Academic Affairs

PROGRAM PROPOSAL APPROVAL TRACKING FORM

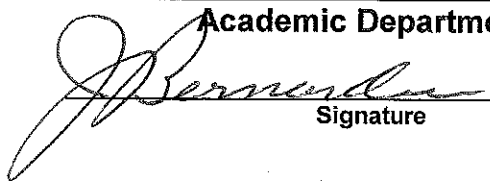
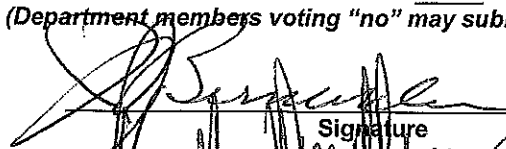
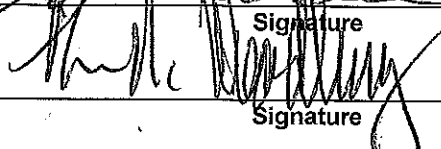
Name of Proposal: Certificate - Manufacturing Automation and Quality (ETMQ)

RECEIVED

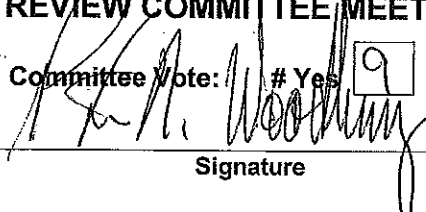
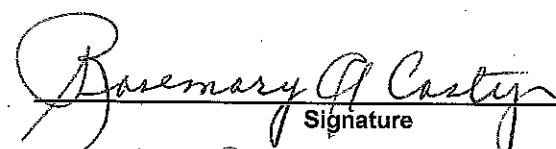
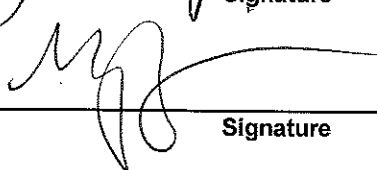
APR - 4 2016

SIGNATURES REQUIRED PRIOR TO SUBMISSION

ACADEMIC AFFAIRS

Academic Department		
Proposal Originator(s):	<u></u> Signature	<u>4-1-16</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></u> Signature	<u>4-4-16</u> Date
Academic Dean:	<u></u> Signature	<u>4-4-16</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>4/22/16</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> <u>9</u> # No <input type="checkbox"/> <u>0</u> # Abstentions <input type="checkbox"/> <u>1</u>	
Curriculum Committee Chair:	<u></u> Signature	<u>4-29-16</u> Date
<input checked="" type="checkbox"/> Forward to VPAA and President	<input type="checkbox"/> Return to Department	
V.P. for Academic Affairs:	<u></u> Signature	<u>5-13-16</u> Date
President:	<u></u> Signature	<u>5-13-16</u> Date
<input type="checkbox"/> To PEEC for Certificates of 18 or less	Date of Approval: _____	
<input checked="" type="checkbox"/> To ASAC / BOG	Date of Approval: _____	
<input type="checkbox"/> READY FOR IMPLEMENTATION		

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

Name of Proposal: Mechanical Industrial Design

RECEIVED

SIGNATURES REQUIRED PRIOR TO SUBMISSION

APR - 4 2016

Proposal Originator(s):	<p>Academic Department</p> <p><i>[Signature]</i> _____ Signature</p> <p>_____ Signature</p>	<p>ACADEMIC AFFAIRS</p> <p>4-1-16 _____ Date</p> <p>_____ Date</p>
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:	<p><i>[Signature]</i> _____ Signature</p> <p><i>[Signature]</i> _____ Signature</p>	<p>4-4-16 _____ Date</p> <p>4-4-16 _____ Date</p>
Academic Dean:	<p><i>[Signature]</i> _____ Signature</p>	<p>4-4-16 _____ Date</p>

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:	4/22/16	Committee Vote	# Yes <input checked="" type="checkbox"/> # No <input type="checkbox"/> # Abstentions <input type="checkbox"/>
Curriculum Committee Chair:	<p><i>[Signature]</i> _____ Signature</p>	<p>4-29-16 _____ Date</p>	
<input checked="" type="checkbox"/> Forward to VPAA and President		<input type="checkbox"/> Return to Department	
V.P. for Academic Affairs:	<p><i>[Signature]</i> _____ Signature</p>	<p>5-13-16 _____ Date</p>	
READY FOR IMPLEMENTATION			
President:	<p><i>[Signature]</i> _____ Signature</p>	<p>5-13-16 _____ Date</p>	

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

Name of Proposal: Advanced Machining Skills

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APR - 4 2016

SIGNATURES REQUIRED PRIOR TO SUBMISSION

ACADEMIC AFFAIRS

Proposal Originator(s):	<u>[Signature]</u> Signature	<u>4-1-16</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>[Signature]</u> Signature	<u>4-4-16</u> Date
Academic Dean:	<u>[Signature]</u> Signature	<u>4-4-16</u> Date

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

Meeting Date:	<u>4/27/16</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> # No <input type="checkbox"/> # Abstentions <input type="checkbox"/>
Curriculum Committee Chair:	<u>[Signature]</u> Signature	<u>4-29-16</u> Date



Forward to VPAA and President



Return to Department

V.P. for Academic Affairs:	<u>[Signature]</u> Signature	<u>5-13-16</u> Date
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READY FOR IMPLEMENTATION

President:	<u>[Signature]</u> Signature	<u>5-13-16</u> Date
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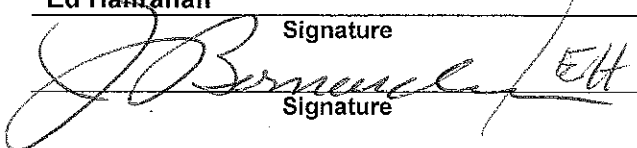
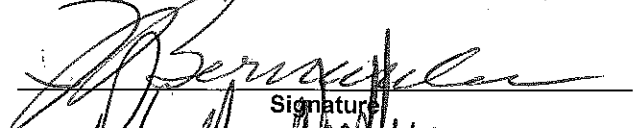
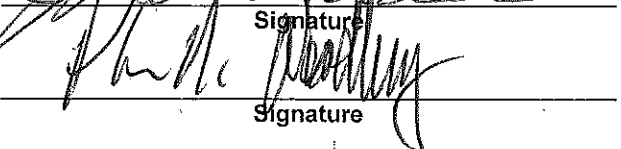
File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

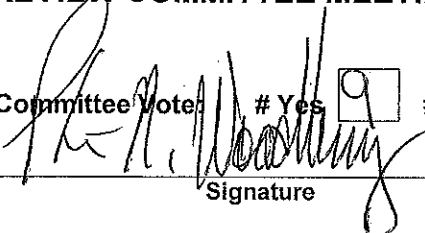

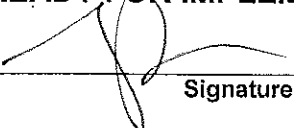
NAME OF COURSE Lean Manufacturing: ETCN 2250

RECEIVED
APR 22 2016
ACADEMIC AFFAIRS

SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>Ed Haarahan</u> Signature 	<u>4-21-16</u> Date <u>4-21-16</u> Date
Department Vote for Approval:	# Yes <u>10</u> # No <u>0</u> # Not Voting <u> </u> <i>(Department members voting "no" may submit a separate report)</i>	
Department Chair:	 Signature	<u>4-21-16</u> Date
Academic Dean:	 Signature	<u>4-22-16</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>4/22/16</u>	Committee Vote: # Yes <input type="checkbox"/> <u>9</u> # No <input type="checkbox"/> <u>0</u> # Abstentions <input type="checkbox"/> <u>1</u>	
Curriculum Committee Chair:	 Signature	<u>4-29-16</u> Date	
<input checked="" type="checkbox"/> Forward to VPAA and President		<input type="checkbox"/> Return to Department	
V.P. for Academic Affairs:	 Signature	<u>5-13-16</u> Date	
READY FOR IMPLEMENTATION			
President:	 Signature	<u>5-13-16</u> Date	

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

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Name of Proposal: Industry and OSHA-10 Seminars

ACADEMIC AFFAIRS

SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u>[Signature]</u> Signature	<u>4-1-16</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>[Signature]</u> Signature	<u>4-4-16</u> Date
Academic Dean:	<u>[Signature]</u> Signature	<u>4-4-16</u> Date

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

Meeting Date:	<u>4/22/16</u>	Committee Vote: # Yes <input checked="" type="checkbox"/> # No <input type="checkbox"/> # Abstentions <input type="checkbox"/>
Curriculum Committee Chair:	<u>[Signature]</u> Signature	<u>4-29-16</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>5-13-16</u> Date
READY FOR IMPLEMENTATION		
President:	<u>[Signature]</u> Signature	<u>5.13.16</u> Date

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

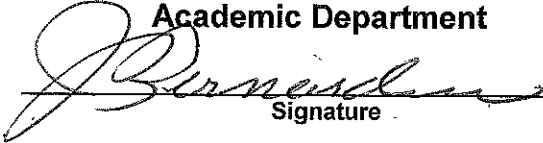
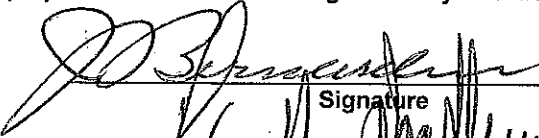
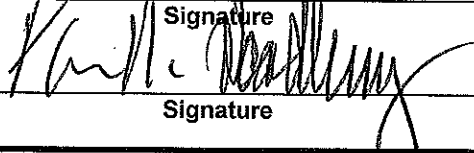
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ACADEMIC AFFAIRS

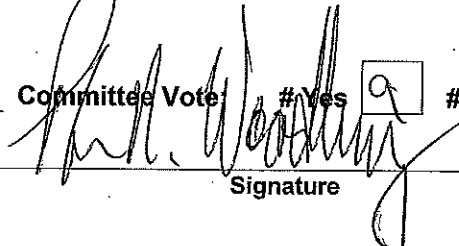
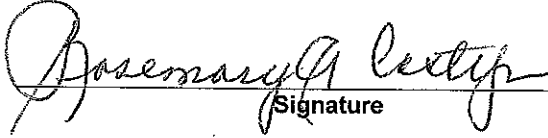
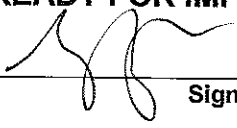
Name of Proposal: Automated Machining Technology

SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	<u></u> Signature	<u>4-1-16</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></u> Signature	<u>4-4-16</u> Date
Academic Dean:	<u></u> Signature	<u>4-4-16</u> Date

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

Meeting Date:	<u>4/22/16</u>	Committee Vote	# Yes <input checked="" type="checkbox"/>	# No <input type="checkbox"/>	# Abstentions <input type="checkbox"/>
Curriculum Committee Chair:	<u></u> Signature	<u>4-29-16</u> Date			
<input checked="" type="checkbox"/> Forward to VPAA and President		<input type="checkbox"/> Return to Department			
V.P. for Academic Affairs:	<u></u> Signature	<u>5-13-16</u> Date			
READY FOR IMPLEMENTATION					
President:	<u></u> Signature	<u>5-13-16</u> Date			

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

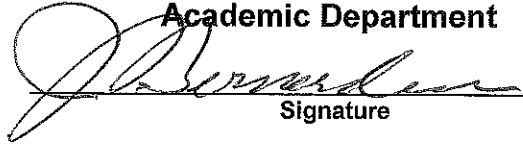
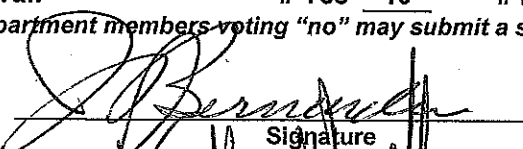
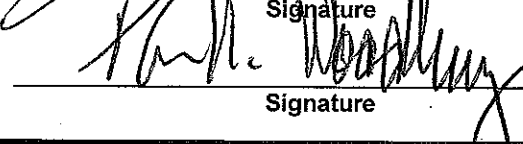
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APR - 4 2016

Name of Proposal: Manufacturing Quality Control

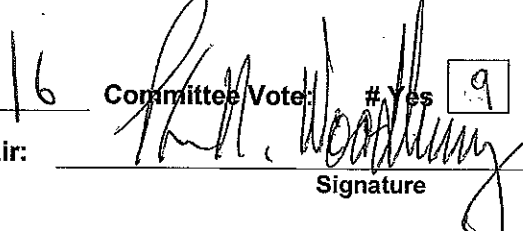
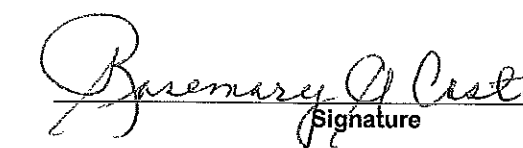
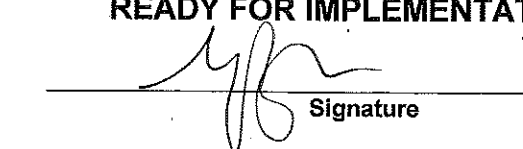
ACADEMIC AFFAIRS

SIGNATURES REQUIRED PRIOR TO SUBMISSION

Academic Department		
Proposal Originator(s):	 _____ Signature	4-1-16 _____ 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:	 _____ Signature	4-4-16 _____ Date
Academic Dean:	 _____ Signature	4-4-16 _____ Date

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

Meeting Date:	4/22/16 _____	Committee Vote:	# Yes <input checked="" type="checkbox"/> 9 # No <input type="checkbox"/> 0 # Abstentions <input type="checkbox"/> 1
Curriculum Committee Chair:	 _____ Signature	4-29-16 _____ Date	
<input checked="" type="checkbox"/> Forward to VPAA and President		<input type="checkbox"/> Return to Department	
V.P. for Academic Affairs:	 _____ Signature	5-13-16 _____ Date	
READY FOR IMPLEMENTATION			
President:	 _____ Signature	5-13-16 _____ Date	

File: Office of Vice President for Academic Affairs