

COURSE PROPOSAL APPROVAL TRACKING FORM **RECEIVED**

MAR 22 2017

NAME OF COURSE Dance 2, Jazz and Tap

ACADEMIC AFFAIRS

SIGNATURES REQUIRED PRIOR TO SUBMISSION

| Academic Department | | |
|--|---|---------------------------------------|
| Proposal Originator(s): | Cheri Markward <u><i>Cheri Markward</i></u> <small>Signature</small> | <u>3-8-17</u> <small>Date</small> |
| | Ted Clement <u><i>T. Clement</i></u> <small>Signature</small> | <u>3/8/17</u> <small>Date</small> |
| Department Vote for Approval (theatre only): # Yes <u>5</u> # No <u>0</u> # Not Voting <u>0</u> <small>(Department members voting "no" may submit a separate report)</small> | | |
| Department Chair: | Cheri Markward <u><i>Cheri Markward</i></u> <small>Signature</small> | <u>3-8-17</u> <small>Date</small> |
| Academic Dean: | <u><i>John W. Cole</i></u> <small>Signature</small> | <u>3/21/17</u> <small>Date</small> |

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: 4/21/17 Committee Vote: # Yes # No # Abstentions

Curriculum Committee Chair: *Sharon A. Hoff* 5/1/17
Signature Date

Forward to VPAA and President Return to Department

V.P. for Academic Affairs: *Rosemary A. Coates* 5/4/17
Signature Date

READY FOR IMPLEMENTATION

President: *Meg* 5-25-17
Signature Date

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM 10/22/17

NAME OF COURSE Acting For The Camera

ACADEMIC AFFAIRS

SIGNATURES REQUIRED PRIOR TO SUBMISSION

| Academic Department | | |
|-------------------------------|--|------------------------|
| Proposal Originator(s): | <u>Ted Clement</u> Signature | <u>3/8/17</u> Date |
| | <u>[Signature]</u> Signature | <u>3-8-17</u> Date |
| Department Vote for Approval: | # 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>[Signature]</u> Signature | <u>3-8-17</u> Date |
| Academic Dean: | <u>[Signature]</u> Signature | <u>3/21/17</u> Date |

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

Meeting Date: 4/21/17 Committee Vote: # Yes # No # Abstentions

Curriculum Committee Chair: [Signature] 5/11/17
Signature Date

Forward to VPAA and President Return to Department

V.P. for Academic Affairs: [Signature] 5-4-17
Signature Date

READY FOR IMPLEMENTATION

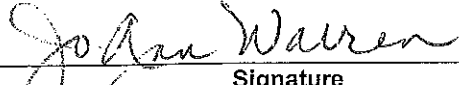
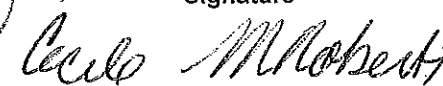

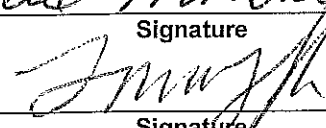
President: [Signature] 5.25.17
Signature Date

File: Office of Vice President for Academic Affairs

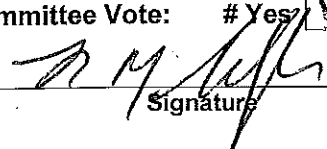
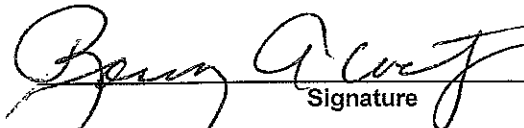

PROGRAM PROPOSAL APPROVAL TRACKING FORM

NAME OF PROGRAM: A.S. Degree in Business Administration

SIGNATURES REQUIRED PRIOR TO SUBMISSION

| Academic Department | | |
|--|--|--------------------------|
| Proposal Originator(s): |  _____ Signature | 3/17/17 _____ Date |
| |  _____ Signature | 3/17/17 _____ Date |
| Department Vote for Approval: # Yes <u>11</u> # No <u>0</u> # Not Voting <u>0</u> <i>(Department members voting "no" may submit a separate report)</i> | | |
| Department Chair: |  _____ Signature | 3/17/17 _____ Date |
| Academic Dean: |  _____ Signature | 3/17/17 _____ Date |

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| CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP | | | |
|---|--|---|--|
| Meeting Date: <u>4/21/17</u> | Committee Vote: # Yes <input checked="" type="checkbox"/> | # No <input type="checkbox"/> | # Abstentions <input type="checkbox"/> |
| Curriculum Committee Chair: |  _____ Signature | <u>5/11/17</u> _____ Date | |
| <input checked="" type="checkbox"/> Forward to VPAA and President | | <input type="checkbox"/> Return to Department | |
| V.P. for Academic Affairs: |  _____ Signature | <u>5/23/17</u> _____ Date | |
| President: |  _____ Signature | <u>5.25.17</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 | | | |

COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE COMM 2025: Interpersonal Communication

FEATURES REQUIRED PRIOR TO SUBMISSION

| | |
|--|--|
| Academic Department | |
| Proposal Originator(s): | <u>Kathleen Beaulieu</u> <u>3-10-17</u> |
| Signature | Date |
| Signature | Date |
| Department Vote for Approval: | # Yes <u>38</u> # No <u>0</u> # Not Voting <u>14</u> |
| <i>(Department members voting "no" may submit a separate report)</i> | |
| Department Chair: | <u>[Signature]</u> <u>3/15/17</u> |
| Signature | Date |
| Academic Dean: | <u>[Signature]</u> <u>3/23/17</u> |
| Signature | Date |

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

Meeting Date: 4/21/17 Committee Vote: # Yes 12 # No 0 # Abstentions 0

Curriculum Committee Chair: [Signature] 5/1/17

Signature Date

Forward to VPAA and President Return to Department

V.P. for Academic Affairs: [Signature] 5-4-17

Signature Date

READY FOR IMPLEMENTATION

President: [Signature] 5-25-17

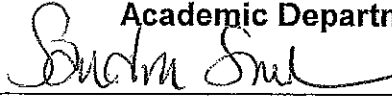
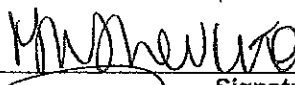
Signature Date

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

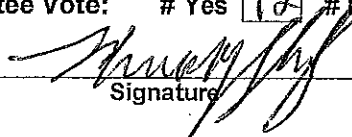
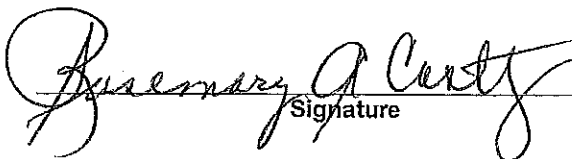
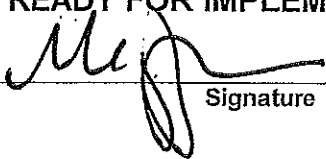
NAME OF COURSE Audio for Communication

SIGNATURES REQUIRED PRIOR TO SUBMISSION

| Academic Department | | |
|-------------------------------|--|------------------------|
| Proposal Originator(s): | <u></u> Signature | <u>3-10-17</u> Date |
| | <u></u> Signature | <u>3-10-17</u> Date |
| Department Vote for Approval: | # Yes <u>38</u> # No <u>0</u> # Not Voting <u>14</u> <i>(Department members voting "no" may submit a separate report)</i> | |
| Department Chair: | <u></u> Signature | <u>3/15/17</u> Date |
| Academic Dean: | <u></u> Signature | <u>3/23/17</u> Date |

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

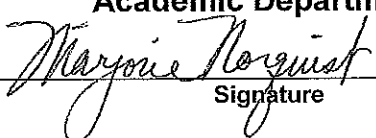
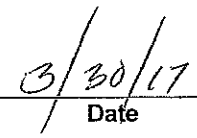
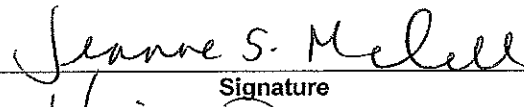
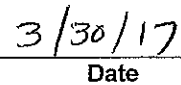
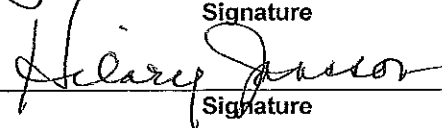

| | | |
|---|--|------------------------|
| Meeting Date: <u>4/21/17</u> | Committee Vote: # Yes <input checked="" type="checkbox"/> <u>12</u> # No <input type="checkbox"/> <u>0</u> # Abstentions <input type="checkbox"/> <u>0</u> | |
| Curriculum Committee Chair: | <u></u> Signature | <u>5/1/17</u> Date |
| <input checked="" type="checkbox"/> Forward to VPAA and President | <input type="checkbox"/> Return to Department | |
| V.P. for Academic Affairs: | <u></u> Signature | <u>5-1-17</u> Date |
| READY FOR IMPLEMENTATION | | |
| President: | <u></u> Signature | <u>5.25.17</u> Date |

File: Office of Vice President for Academic Affairs

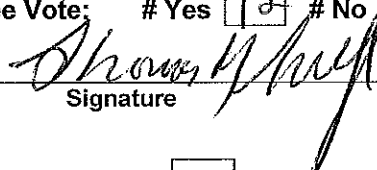
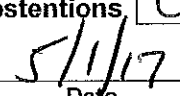
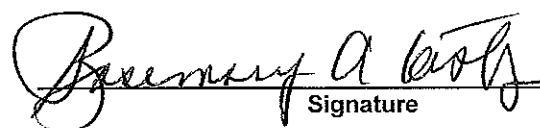
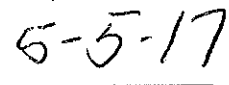
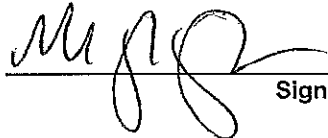
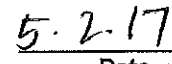
PROGRAM PROPOSAL APPROVAL TRACKING FORM

NAME OF PROGRAM: PRACTICAL NURSE PROGRAM

SIGNATURES REQUIRED PRIOR TO SUBMISSION

| Academic Department | | |
|-------------------------------|--|--|
| Proposal Originator(s): |  _____ Signature |  _____ Date |
| | _____ Signature | _____ Date |
| Department Vote for Approval: | # Yes <u>29</u> # No <u>0</u> # Not Voting <u> </u> <i>(Department members voting "no" may submit a separate report)</i> | |
| Department Chair: |  _____ Signature |  _____ Date |
| Academic Dean: |  _____ Signature |  _____ Date |

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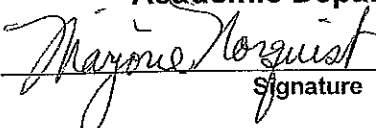
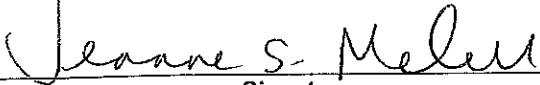

| CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP | | |
|---|--|--|
| Meeting Date: <u>4/21/17</u> | Committee Vote: # Yes <input checked="" type="checkbox"/> # No <input type="checkbox"/> # Abstentions <input type="checkbox"/> | |
| Curriculum Committee Chair: |  _____ Signature |  _____ Date |
| <input checked="" type="checkbox"/> Forward to VPAA and President | <input type="checkbox"/> Return to Department | |
| V.P. for Academic Affairs: |  _____ Signature |  _____ Date |
| President: |  _____ Signature |  _____ 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

COURSE PROPOSAL APPROVAL TRACKING FORM

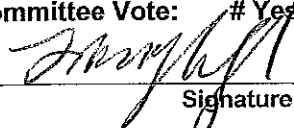
NAME OF COURSE Practical Nursing 1

SIGNATURES REQUIRED PRIOR TO SUBMISSION

| Academic Department | | |
|---|--|---------------------------------|
| Proposal Originator(s): |  _____ Signature | <u>3/30/17</u> _____ Date |
| Department Vote for Approval: # Yes <u>29</u> # No <u>0</u> # Not Voting _____ (Department members voting "no" may submit a separate report) | | |
| Department Chair: |  _____ Signature | <u>3/30/17</u> _____ Date |
| Academic Dean: |  _____ Signature | <u>3/30/17</u> _____ Date |

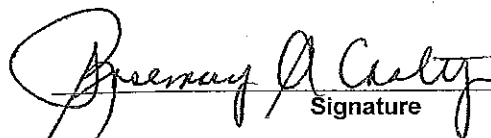
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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

Meeting Date: 4/21/17 Committee Vote: # Yes 11 # No 0 # Abstentions 1
 Curriculum Committee Chair: _____
 _____
 Signature Date 5/1/17

Forward to VPAA and President

Return to Department

V.P. for Academic Affairs: _____
 _____
 Signature Date 5-5-17

READY FOR IMPLEMENTATION

President: _____
 _____
 Signature Date 5-2-17

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE Practical Nursing 2

SIGNATURES REQUIRED PRIOR TO SUBMISSION

| Academic Department | | |
|--|---------------------------------------|------------------------|
| Proposal Originator(s): | <u>Maryjane Korquist</u> Signature | <u>3/30/17</u> Date |
| | _____ Signature | _____ Date |
| Department Vote for Approval: # Yes <u>29</u> # No <u>0</u> # Not Voting _____ (Department members voting "no" may submit a separate report) | | |
| Department Chair: | <u>Jeanne S. Mellem</u> Signature | <u>3/30/17</u> Date |
| Academic Dean: | <u>Helene J. Jansen</u> Signature | <u>3/30/17</u> Date |

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

| | | | | | | | |
|---|---------------------------------------|---|-----------------------------|------|----------------------------|-----------------------|----------------------------|
| Meeting Date: | <u>4/21/17</u> | Committee Vote: # Yes | <input type="checkbox"/> 11 | # No | <input type="checkbox"/> 0 | # Abstentions | <input type="checkbox"/> 1 |
| Curriculum Committee Chair: | <u>Sharon J. Smith</u> Signature | | | | | <u>5/1/17</u> Date | |
| <input checked="" type="checkbox"/> Forward to VPAA and President | | <input type="checkbox"/> Return to Department | | | | | |
| V.P. for Academic Affairs: | <u>Brennon A. Corty</u> Signature | | | | | <u>5-5-17</u> Date | |
| READY FOR IMPLEMENTATION | | | | | | | |
| President: | <u>M. J. [Signature]</u> Signature | | | | | <u>5-2-17</u> Date | |

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE Practical Nursing 3

SIGNATURES REQUIRED PRIOR TO SUBMISSION

| | | |
|--|--|------------------------|
| Academic Department | | |
| Proposal Originator(s): | <u>Margorie Bergquist</u> Signature | <u>3/30/17</u> Date |
| | _____ Signature | _____ Date |
| Department Vote for Approval: # Yes <u>29</u> # No <u>0</u> # Not Voting _____ (Department members voting "no" may submit a separate report) | | |
| Department Chair: | <u>Joseph S. McCall</u> Signature | <u>3/30/17</u> Date |
| Academic Dean: | <u>Hilary Janson</u> Signature | <u>3/30/17</u> Date |

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

Meeting Date: 4/21/17 **Committee Vote:** # Yes 11 # No 0 # Abstentions 1

Curriculum Committee Chair: _____
 Signature: [Signature] Date: 5/14/17

Forward to VPAA and President
 Return to Department

V.P. for Academic Affairs: _____
 Signature: [Signature] Date: 5-5-17

READY FOR IMPLEMENTATION

President: _____
 Signature: [Signature] Date: 5-2-17

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE PN Capstone

SIGNATURES REQUIRED PRIOR TO SUBMISSION

| | | |
|--|--|------------------------|
| Academic Department | | |
| Proposal Originator(s): | <u>Marjorie Bergquist</u> Signature | <u>3/30/17</u> Date |
| | _____ Signature | _____ Date |
| Department Vote for Approval: | # Yes <u>29</u> # No <u>6</u> # Not Voting _____ | |
| <i>(Department members voting "no" may submit a separate report)</i> | | |
| Department Chair: | <u>Jeanne S. McLeell</u> Signature | <u>3/30/17</u> Date |
| Academic Dean: | <u>Henry Jackson</u> Signature | <u>3/30/17</u> Date |

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

| | | | | | |
|---|--------------------------------------|---|--|--|---|
| Meeting Date: | <u>4/21/17</u> | Committee Vote: | # Yes <input type="checkbox"/> <u>11</u> | # No <input type="checkbox"/> <u>0</u> | # Abstentions <input type="checkbox"/> <u>1</u> |
| Curriculum Committee Chair: | <u>Mason Jeff</u> Signature | | | | <u>5/1/17</u> Date |
| <input checked="" type="checkbox"/> Forward to VPAA and President | | <input type="checkbox"/> Return to Department | | | |
| V.P. for Academic Affairs: | <u>Bessary A. Lundy</u> Signature | | | | <u>5-5-17</u> Date |
| READY FOR IMPLEMENTATION | | | | | |
| President: | <u>M. Jeff</u> Signature | | | | <u>5-2-17</u> Date |

File: Office of Vice President for Academic Affairs

COURSE PROPOSAL APPROVAL TRACKING FORM

NAME OF COURSE Concepts of Nursing Practice

SIGNATURES REQUIRED PRIOR TO SUBMISSION

| Academic Department | | |
|--|--|---------------------------------|
| Proposal Originator(s): | <u>Shannon Korzeniowski</u> Signature | <u>February 1, 2017</u> Date |
| | <u>Kristine Ferro</u> Signature | <u>February 1, 2017</u> Date |
| Department Vote for Approval: | # Yes _____ # No _____ | # Not Voting _____ |
| <i>(Department members voting "no" may submit a separate report)</i> | | |
| Department Chair: | <u>[Signature]</u> Signature | <u>4/6/17</u> Date |
| Academic Dean: | <u>[Signature]</u> Signature | <u>4/6/17</u> Date |

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CURRICULUM REVIEW COMMITTEE MEETING FOLLOW UP

| | | |
|---|---|--|
| Meeting Date: <u>4/21/17</u> | Committee Vote: # Yes <input type="checkbox"/> 11 # No <input type="checkbox"/> 0 | # Abstentions <input type="checkbox"/> 1 |
| Curriculum Committee Chair: | <u>[Signature]</u> Signature | <u>5/1/17</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>5-5-17</u> Date |
| READY FOR IMPLEMENTATION | | |
| President: | <u>[Signature]</u> Signature | <u>5-25-17</u> Date |

File: Office of Vice President for Academic Affairs