
Name of cross-listed Department Chair(s) Signature of cross-listed Department Chair Date

Vote: _____/_____/_____

Signature of Division Chair Date Signature of cross-listed Division Chair Date

Note: The Department Chair/Division Chair Forwards This Application To:

College Curriculum Review Committee: Recommended: Not Recommended, **return to proposer:**

Vote: _____/_____/_____

Signature of CRC Chair

Date

CRC Comments:

College Senate: Vote: _____/_____/_____ Recommended: Not Recommended, **return to CRC:**

Signature of College Senate Chair

Date

Senate Comments:

College Dean: Approved: Not Approved, **return to Senate/CRC:**

Signature of Dean

Date

Dean's Comments:

Note: The College Dean Forwards This Application To:

Campus-wide Curriculum Review Committee: Approved: Not Approved, **return to Dean:**

Signature of CCRC

Date

CCRC Comments:

Vice Chancellor for Academic Affairs: Approved: Not Approved, **return to proposer:**

Signature of VCAA

Date

VCAA Comments:

Signature page returned to: College Curriculum Review Committee on _____ (date)

Submitter on _____ (date)

Copy of Application sent to Course Inventory/DSA – Office of the Registrar on _____ (date)

Placed in catalog on _____ (date)