

**ACADEMIC COUNCIL
PROPOSAL COVER SHEET**

TITLE OF PROPOSAL: _____

ORIGINATING DEPARTMENT/PROGRAM: _____

SCHOOL: _____

DATE OF SUBMISSION: _____

	Recommend		Signature	Date
	Yes	No		
Department Chair/ Program Coordinator				
Chair, Schoolwide Review Committee				
School Dean				

NAME OF SCHOOL REVIEW COMMITTEE: _____

	Approve	Deny	Signature	Date
Chair, Academic Council Standing Committee				
Provost and Vice President for Academic Affairs				