



**UNIVERSITY UNDERGRADUATE CURRICULUM COMMITTEE
CURRICULAR ACTION FORM**

Date:

INITIATOR INFORMATION

Initiator:	Email:	Phone #:
College/School:	Department:	Division:
Chair/Department:	Email:	Phone #:
Dean:	Email:	Phone #:

PROPOSAL INFORMATION

Course Number & Title of Course (if applicable):
Proposal Submitted:

SIGNATURES

Department Chair	Date	Dean	Date
Chair, Cross Reference Dept.	Date	Chair, Cross Reference Dept.	Date

UGCC ACTION

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> With Conditions	<input type="checkbox"/> Tabled
Explanation (if "w/conditions" or "tabled"):			
Curriculum Committee Chair		Date	

ACADEMIC AFFAIRS ACTION

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> With Conditions	<input type="checkbox"/> Tabled
Explanation (if "w/conditions" or "tabled"):			
Provost/ VP- Academic Affairs		Date	