WINONA STATE UNIVERSITY

NEW AND REVISED COURSE AND PROGRAM APPROVAL FORM

Routing form for new and revised courses and programs. Course or Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Department Recommendation**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Chair Date e-mail address |
| **Dean’s Recommendation** \_\_\_\_\_ Yes \_\_\_\_\_ No\*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean of College Date  \*The dean shall forward their recommendation to the chair of the department, the chair of A2C2, and the Vice President for Academic Affairs. |
| **A2C2 Recommendation** \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chair of A2C2 Date |
| **Graduate Council Recommendation** \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved  (if applicable)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chair of Graduate Council Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director of Graduate Studies Date |
| **Faculty Senate Recommendation** \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  President of Faculty Senate Date |
| **Academic Vice President Recommendation** \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Academic Vice President Date |
| **Decision of President** \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  President Date  Please forward to Registrar. |
| Registrar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please notify department chair via e-mail that curricular change has been recorded.  Date entered |

[Revised 9-1-10]