



# Authorized signatures

► **Reviewed by submitting department(s)**

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
Signature of department chair

► **Reviewed by related department(s)** (A review by a related department(s) is expected if the proposed change represents a cross-listed course, a course or similar course already offered in another department, or a program change that could impact a course, e.g., enrollment, student readiness, offered in another department.)

**FIRST DEPARTMENT**

\_\_\_\_\_  
Date reviewed

\_\_\_\_\_  
Signature of department chair

Comment: \_\_\_\_\_  
\_\_\_\_\_

**SECOND DEPARTMENT** (*if applicable*)

\_\_\_\_\_  
Date reviewed

\_\_\_\_\_  
Signature of department chair

Comment: \_\_\_\_\_  
\_\_\_\_\_

► **This course has been approved by a majority of the faculty in the College of** \_\_\_\_\_

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
Signature of dean

► **This course has been approved by the Graduate Council.**

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
Signature of chair, Graduate Council

► **This course has been approved by the Provost.**

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
Signature of Provost