

**COURSE ADDITION/REVISION/DELETION
SIGNATURE PAGE**

COURSE TITLE & NUMBER: _____

DEPARTMENT CHAIR () RECOMMENDED () NOT RECOMMENDED**

DATE

DEPARTMENT DIRECTOR () RECOMMENDED () NOT RECOMMENDED**

DATE

Obtain Department Chair and Director signatures. Staple signature page to hard copy of the curriculum request and turn in to the Curriculum Office no later than 5:00 p.m. on day posted as the "Signature Submission Deadline". Curriculum Committee will not be able to review a request without the necessary signatures.

(Curriculum Office will obtain the signatures listed below this line)

CURRICULUM COMMITTEE CHAIR (signature indicates full CC approval) () RECOMMENDED () NOT RECOMMENDED**

DATE

CHIEF ACADEMIC OFFICER () RECOMMENDED () NOT RECOMMENDED**

DATE

**Indicate Reason(s):