

DEGREE OR CERTIFICATE SIGNATURE FORM
(NEW, REVISED OR TERMINATED)

Degree or Certificate Title: _____

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 and Student Affairs Officer
 RECOMMENDED NOT RECOMMENDED** _____
Date

CGCC President
 RECOMMENDED NOT RECOMMENDED** _____
Date

CGCC Board of Education Chair (signature indicates full Board approval)
 RECOMMENDED NOT RECOMMENDED** _____
Date

** Indicate Reason(s):
