

# WINONA STATE UNIVERSITY

## NEW AND REVISED COURSE AND PROGRAM APPROVAL FORM

Routing form for new and revised courses and programs.

Course or Program \_\_\_\_\_

<b>Department Recommendation</b>		
_____ Department Chair	_____ Date	_____ e-mail address
<b>Dean's Recommendation</b> ____ Yes                      ____ No*		
_____ Dean of College	_____ Date	
<small>*The dean shall forward his/her recommendation to the chair of the department, the chair of A2C2, and the Vice President for Academic Affairs.</small>		
<b>A2C2 Recommendation</b> ____ Approved                      ____ Disapproved		
_____ Chair of A2C2	_____ Date	
<b>Graduate Council Recommendation</b> ____ Approved                      ____ Disapproved (if applicable)		
_____ Chair of Graduate Council	_____ Date	
_____ Director of Graduate Studies	_____ Date	
<b>Faculty Senate Recommendation</b> ____ Approved                      ____ Disapproved		
_____ President of Faculty Senate	_____ Date	
<b>Academic Vice President Recommendation</b> ____ Approved                      ____ Disapproved		
_____ Academic Vice President	_____ Date	
<b>Decision of President</b> ____ Approved                      ____ Disapproved		
_____ President	_____ Date	
Please forward to Registrar.		
Registrar    _____ Date entered	Please notify department chair via e-mail that curricular change has been recorded.	