**NEW COURSE / COURSE CHANGE TRACKING DOCUMENT**

**ACADEMIC UNIT: DATE SUBMITTED:**

**1. BRIEF EXPLANATION OF PROPOSED CHANGE:**

**2. CHECK ITEM(s) BELOW FOR CHANGES DESIRED:**

**New Course(s) Revised Course**

**Course Level (number) Change Other (specify below):**

**I. Dean’s Action:**

**Approved Disapproved Returned for Recommended Change**

 **Date:**

**(Signature)**

**II. Curriculum Committee Action:**

**Approved Disapproved Returned for Recommended Change**

**Chairperson: (signature): Date:**

**III. Faculty Senate Action:**

**Approved Disapproved Returned for Recommended Change**

**Senate President (signature): Date:**