

Tuskegee University
New Course Approval Signature Sheet

Proposed Course Title: _____

Proposed Course Subject: _____

Proposed Course Number: _____

Approval Signatures

| | | |
|--|-------|--|
| <input type="checkbox"/> Recommend | _____ | _____ |
| <input type="checkbox"/> Not Recommend | Date | Chairperson, Department (If Applicable) |

| | | |
|--|-------|------------------------|
| <input type="checkbox"/> Recommend | _____ | _____ |
| <input type="checkbox"/> Not Recommend | Date | Dean of College/School |

| | | |
|--|-------|---|
| <input type="checkbox"/> Recommend | _____ | _____ |
| <input type="checkbox"/> Not Recommend | Date | Chairperson, Senate Academic Affairs Committee |

| | | |
|--|-------|---|
| <input type="checkbox"/> Recommend | _____ | _____ |
| <input type="checkbox"/> Not Recommend | Date | Asst. Provost for Academic Affairs (If Applicable) |

| | | |
|--|-------|--|
| <input type="checkbox"/> Recommend | _____ | _____ |
| <input type="checkbox"/> Not Recommend | Date | Director of Graduate Studies and Research (If Applicable) |

| | | |
|--|-------|--|
| <input type="checkbox"/> Recommend | _____ | _____ |
| <input type="checkbox"/> Not Recommend | Date | Provost/Vice President for Academic Affairs (If Applicable) |