

8.0 Consultation with Related Units	🛭 Yes	□ No	Financial Consult	☐ Yes ☐ No				
Attach list of consultations								
9. Approvals								
Routing Sequence		Name	Signature	Date				
Department								
Curric/Acad Committee								
Faculty 1								
Faculty 2								
Faculty 3								
SCTP								
GS								
APPC								
Senate								
Submitted by								
Name			To be completed by ARR:					
Phone			CIP Code					
Email								
Submission Date								