

APPROVAL SIGNATURE PAGE

_____ **ED Workshop Approval**

_____ **ED Workshop Reapproval**

A copy of this form should accompany the proposal through all stages of approval and should cover each copy of the proposal.

Number and Title: _____

Credit Hours: _____

Spokesperson: _____ Phone: _____

Semester offered as an experimental course: _____

Enrollment: _____

Semester to be first offered if approved: _____

Approval status - to be completed by chairpersons of the appropriate council(s) and committees).

Committee or Council Name	Date Received	Chairperson, Building and Phone	ATT*	Action and Date

***A check in the ATT column signifies that approval is contingent on amendments attached by the spokesperson at this stage. (Only minor editorial changes should be made directly in the text.)**