

**(only the original of this form is needed)**

D.O. Use Only	
_____	_____
(Item Number)	(Action)

## **ROUTING SLIP**

*For Departmental Processing of Course Action Forms, Minor Actions & Curriculum Revisions*

\_\_\_\_\_  
Departmental Courses & Curriculum Committee (Signature)

\_\_\_\_\_  
Departmental Rep, CHASS C&C Committee (Signature)

***Note:*** *Signature indicates that you have reviewed this action.*

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Please be aware that any course action form, curriculum revision or minor action that is not accompanied by this signed form will be returned to the departmental rep on the CHASS C+C Committee for completion.

*Please number the pages of Action and submit signed Original Action and 12 copies.*