

Faculty Senate Routing Form

FACULTY SENATE COMMITTEE

Date Received _____

Faculty Affairs, Rank & Tenure, Faculty Development, Peer Review or Ad Hoc

_____ Recommended approval of attached proposal

_____ Return to sender, resubmit with changes

_____ Denied

Comments: _____

Chair: _____

Date: _____

FACULTY SENATE EXECUTIVE COMMITTEE

Date Received _____

_____ Recommended approval of attached proposal

_____ Return to sender, resubmit with changes

_____ Denied

Comments: _____

Faculty Senate President _____ Date: _____

PROVOST RECOMMENDATION

Date Received _____

_____ Recommended approval of attached proposal

_____ Return to sender, resubmit with changes

_____ Denied

Comments: _____

Provost: _____

Date: _____

President: _____

Date: _____