

Please observe **page limits** where given. Pages from all supporting materials must be **numbered consecutively**. Page #s may be handwritten. Provide the materials requested **in the order listed**. The materials to be submitted depend on the action requested.

FILL IN ONLY ONE BOX BELOW.

Requested Action: Approve Course for GE Status
<p>Course New to GE*</p> <p><input type="checkbox"/> Standard Course Outline <input type="checkbox"/> Proposed sample syllabus</p>
<p>Modified GE Course (only for course already on GE Master Course List)</p> <p>Briefly describe change _____</p> <p><input type="checkbox"/> Standard Course Outline <input type="checkbox"/> Sample RECENT Syllabi ** <input type="checkbox"/> Sample Course Materials ***</p>
<p>Reinstatement of Decertified Course</p> <p><input type="checkbox"/> Action Request (with signatures) <input type="checkbox"/> Standard Course Outline <input type="checkbox"/> Sample Syllabi **</p> <p><input type="checkbox"/> Sample Course Materials ***</p>

* New courses proposed for GE must have been taught for one semester prior to submission to GEGC
 ** Syllabi: Include 1 for single-sectioned courses; 2 from different instructors if multi-sectioned courses
 ***Sample Materials should make clear how SLOs are taught. DO NOT include entire exams, etc. but sample essay prompts, assignment guidelines, etc. for each SLO.

VII. Required Signatures

By signing below, the department chair, college curriculum committee chair, and the college dean/associate dean verify that they have reviewed this action request and its supplemental materials for completeness, and attest to the appropriateness of the requested action.

Chair, Department of _____ Date: _____ PRINT NAME: _____ SIGN NAME: _____
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Chair, Curriculum Committee: College of _____ Date: _____ PRINT NAME: _____ SIGN NAME: _____

(Assoc.) Dean, College of _____ Date: _____ PRINT NAME: _____ SIGN NAME: _____
