

**Middlesex Community College
Curriculum & Academic Policy (CAP) Committee
PROPOSAL SIGNATURE FORM**

This Form is Required for all Proposals that will alter curricular information in the College Catalog. The form documents the progress and completion of changes to the academic policies and curriculum offered at Middlesex Community College. Follow the Curriculum Change Guidelines and General Procedures for Changing Academic Curricula.

Date:

Course or Program Title:

Summary of Proposal:

Name & Title of Person Making Proposal:

Academic Division:

Contact Info (phone & e-mail address):

| | | | |
|---|---------------------|--------------------------------------|---------------|
| _____ Program Coordinator (if applicable)(<i>approved</i>) | _____ print name | _____ comment (<i>optional</i>) | _____ date |
| _____ School Director (<i>approved</i>) | _____ print name | _____ comment (<i>optional</i>) | _____ date |
| _____ CAP Chair (<i>approved</i>) | _____ print name | _____ comment (<i>optional</i>) | _____ date |
| _____ College Council Chair (<i>approved</i>) | _____ print name | _____ comment (<i>optional</i>) | _____ date |
| _____ Academic Dean (<i>approved</i>) | _____ print name | _____ comment (<i>optional</i>) | _____ date |
| _____ President or designee (<i>approved</i>) | _____ print name | _____ comment (<i>optional</i>) | _____ date |
| <u>Logged-in by (signatures):</u> | | | |
| _____ Registrar (<i>for Banner entry</i>) | _____ print name | _____ comment (<i>optional</i>) | _____ date |
| _____ * <i>Catalog entry</i> | _____ print name | _____ comment (<i>optional</i>) | _____ date |

*(Completed Signature Sheet will be copied and sent to (1) the Chair of the CAP Committee and (2) the Originator of the Proposal. The original will go to the Office of the Academic Dean.