



**Administrative Review:**

Please forward to next person for decision. After all decisions have been made, please forward to the Records Office to be processed.

**Course Substitution or Catalog Change**

APPROVED

DENIED

Program Faculty

\_\_\_\_\_  
Signature Date

Program Dean

\_\_\_\_\_  
Signature Date

**Writing Intensive Requirement**

APPROVED

DENIED

Writing Coordinator

\_\_\_\_\_  
Signature Date

Program Faculty

\_\_\_\_\_  
Signature Date

Program Dean

\_\_\_\_\_  
Signature Date

Note to student about approval/denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only:

Completed Decision:

Approved

Denied

\_\_\_\_\_  
Records Initial

\_\_\_\_\_  
Date