

Approval Form for RME/NUI



Proposed Change: Merger of Depts in COEHS (see listing in RME) to form School of Education NOTE: This form from EAHE

<p>1. Unit originating the request APAP Note: This form from EAHE _____ Date</p>				<p>Signature _____ </p>
<p>2. Department/School Vote Form Outcome of Faculty Vote Yes <u>0</u> No <u>2</u> Abstain <u>0</u> _____ Date <u>25 Apr 2018</u></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Approval</p>			<p>Signature _____ <u>PATRICK DULEY</u></p>
<p>3. College Curriculum Committee or other college-wide committee (where required) Outcome of Committee Vote Yes _____ No _____ Abstain _____ Date _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approval</p>			<p>Signature _____</p>
<p>4. Dean of College of Education and Human Services _____ Date _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approval</p>			<p>Signature _____</p>

The following signatures will be solicited through the approval process coordinated by the Associate Provost for Academic Programs

<p>5. Associate Provost for Academic Programs _____</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approval</p>		
	Date				Associate Provost (Print)	Signature
<p>6. Faculty Senate (Undergraduate Programs) _____</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approval</p>		
	Date				Faculty Senate (Print)	Signature
<p>7. Graduate Council (Graduate Programs) _____</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approval</p>		
	Date				Graduate Council (Print)	Signature
<p>8. Provost and Vice Chancellor _____</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approval</p>		
	Date				Provost and VC (Print)	Signature
<p>9. Chancellor _____</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approval</p>		
	Date				Chancellor (Print)	Signature
<p>10. President _____</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approval</p>		
	Date				President (Print)	Signature
<p>11. Illinois Board of Higher Education (where required) _____</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approval</p>		
	Date				IBHE Representative (Print)	
<p>12. Higher Learning Commission (where required) _____</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approval</p>		
	Date				Higher Learning Comm Representative (Print)	

