

Approval Form for RME/NUI

Proposed Change: Merger to form School of Justice and Public Safety (see RME for academic units)

<p>1. Unit originating the request APAP _____ Date</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Lizette R. Chevalier _____ Signature</p>
<p>2. Department/School Vote Form</p> <p>Outcome of Faculty Vote Yes <u>9</u> No <u>0</u> Abstain <u>2</u> _____ Date</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>John K Dobbins _____ Signature</p>
<p>3. College Curriculum Committee or other college-wide committee (where required)</p> <p>Outcome of Committee Vote Yes _____ No _____ Abstain _____ Date</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>_____ Signature</p>
<p>4. Dean of College of _____ Date</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>_____ Signature</p>

Digitally signed by Lizette R. Chevalier
DN: cn=Lizette R. Chevalier, o=SIUC, ou=Associate Provost for Academic Programs, email=Lizette.Chevalier@siu.edu, c=US
Date: 2018.03.23 18:46:19 -05'00'

Digitally signed by John K Dobbins
Date: 2018.05.10 13:38:59 -05'00'

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