



ADDITIONAL SIGNATURES: (If required)

	Date	
--	------	--

Signature, Chair, Program/Department of: _____

	Date	
--	------	--

Signature, Chair, College/School Curriculum Council for: _____

	Date	
--	------	--

Signature, Dean, College/School of: _____

ATTACH COMPLETE SYLLABUS (as part of this digital file).

Note: syllabus must follow the guidelines discussed in the Faculty Senate Guide <http://www.uaf.edu/uafgov/faculty/cd/syllabus.html>.
The department and campus wide curriculum committees will review the syllabus to ensure that each of the