

REQUEST FOR FACULTY CREDENTIAL MANUAL CHANGE

Today's Date:	Requestor's Name:
Requestor's Position:	Requestor's Department:
PROPOSED CHANGE	
Proposed Change:	
Rationale for Proposed Change:	
APPROVALS	
Department Chair / Director	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Signature: _____	Date: _____
Associate Vice President	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Signature: _____	Date: _____
Faculty Credentialing Oversight Committee	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Signature: _____	Date: _____
Provost	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Signature: _____	Date: _____
Approved Change Submitted to CCS	
Signature: _____	Date: _____