**Great Falls College MSU**

**Curriculum Council**

**Information Item (no vote required)**

Use this form for items that **do not** require action by the Curriculum Council. If after discussion the Curriculum Council determines that an item does require action, it must be resubmitted on the appropriate form for discussion at a later meeting.

Click or tap here to enter text.

**Purpose: This section describes the Information Item being brought before the council.**

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**Rationale: State the reasons for discussing this issue.**

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**Required documents: When necessary, provide sufficient documentation to support summary statements.**

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**Effective date: If applicable, provide the effective date of the change. (Defaults to Summer of next catalog year unless other semester/year is listed.)**

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**Required Signatures next page**

**You will be contacted for more information as the BOR, NWCCU, accreditation body, Dept of Education, and the Dept. of Veterans Affairs may require additional information. By signing this form, I acknowledge the potential of these additional steps.**

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| Submitter |  | Date |
| Program Director/Department Chair |  | Date |
| Division Director |  | Date |
| Registrar |  | Date |
| Assessment Committee Chair |  | Date |
| Accreditation Liaison Officer |  | Date |
| Executive Director of Instruction |  | Date |
| Curriculum Council Chair |  | Date |