

Acceptance:

_____ I give my approval. I have forwarded this item to _____ for implementation.

_____ No approval is actually needed. I have forwarded this item to the following individual or office for informational purposes only:

ADDITIONAL REVIEW NEEDED:

_____ I am willing to give approval if the following modification(s) are made:

_____ Before I can approve or reject this item, I need clarification on the following:

_____ I have forwarded this item to the following individual or office for further consideration and consultation.

Rejection:

_____ I decline acceptance of this item for the following reason:

Please Return this Copy to the University Senate President ~ Retain a Copy for Your Records