

**South Arkansas College
Procedure Approval Form**

*(Instructions: Please complete form from "Procedure #" through "Comments."
Committee chair, please sign after the committee has approved the changes.
Then, forward to the appropriate council chair.)*

Procedure # _____ Original Date Issued: _____ Last Revision Date: _____

Title: _____

Applicability: _____

Originator: _____ Vice President Responsible: _____

New Procedure? / Change to a Procedure? / Procedure Deletion?

Comments (briefly describe change):

Additional Reviewers (when necessary) – Should follow chain-of-command to Vice President

Reviewer/ Committee Chair Signature: _____

Reviewer Signature: _____

ROUTED APPROVALS:

Associate Vice President for Administration (CIO) Date:

Academic Affairs Council

Vice President for Student Affairs (CSO) Date:

Student Affairs Council

Vice President for Academic Affairs (CAO) Date:

Administrative Affairs Council

Vice President for Finance and Administration (CFO) Date:

Planning Council

President (CEO) Date: