

**South Arkansas Community College
Procedure Approval Form**

*(Instructions: Please complete form from "Procedure #" through "Comments."
Forward or email completed form and Proposed Procedure to Appropriate Vice President.)*

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 Date:

Student Affairs Council

Vice President for Academic Affairs Date:

Administrative Affairs Council

Vice President for Finance and Administration Date:

Planning Council

President Date: