



Name: _____

Date: _____

Department: _____

COCC Contact Information: _____

PROPOSAL OVERVIEW

TYPE OF AGENDA ITEM

- Information Item (requires approval of AA Chair)
- Action Item
 - Information and committee feedback
 - Procedure—revision (Attach current procedure with proposed changes illustrated with track changes)
 - Procedure—new
Identify suggested location in *GPM*: _____
- Policy—revision (Attach current policy with proposed changes illustrated with track changes)
- Policy—new
Identify suggested location in *GPM*: _____
- New academic program (Complete only items #1 and #2 on this form and attach stage 2 document.)
- Other: _____

BUDGET

INSTRUCTIONAL REQUIREMENTS

OPERATIONAL NEEDS, CURRENT AND FUTURE

STUDENT IMPACT

ANTICIPATED IMPLEMENTATION TIMELINE