Core Review Approval Form

COLLIN COLLEGE

Foundational Component Area: _____ **Effective Term:** _____

Administratve Approval	Administrative Denial	CAB Recommended	CAB Not Recommended	CAB Tabled		Rubric	Number	Title	Comments

Authorized Signature (Proposer) **2nd Signature (if applicable)** **3rd Signature (if applicable)**

Comments:

CAB Chair

Comments:

Designated Academic Officer Signature