1. **Course number and title:**

 **Course Program**:

2. **Effective Date/Semester for any additional Library Resources**:

3. **Type of course**: [ ]  Academic [ ]  Technical **CIP CODE:**

4. After review of library materials in consultation with the Library Liaison it was found that:

 [ ]  Sufficient resources are available – no additional needs/actions.

 [ ]  Sufficient resources are not yet available. See the following list of needed resources.

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| **Resources** | **Notes** | **Date Available** |
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**Comments:**

**Library Liaison:** *Signature / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Preparer(s):**

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| --- | --- | --- |
| *Signature*  | *Title* | *Date* |
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**Reviewed and approved:**

|  |  |  |
| --- | --- | --- |
| *Signature*  | *Title* | *Signature* |
|  | *Department Head*  |  |
|  | *Assistant Academic Dean*  |  |
|  | *Academic Dean* |  |
|  | *Curriculum Committee Chair* |  |

**Attach additional pages if needed.**