## **Faculty Senate Routing Form**

1.	Item Description				
	a)	1) Item Title: Proposal to approve Master of Science in Athletic Training			
	b) Brief Description:				
	c)	Initiated by [committee name]: Curriculum Subcommittee			
	d)	Type:			
		Action	Resolution	Recomme	endation
2.	Fac	ulty Senate Action:			
		Approved	Not Approved	Other	
	Senate Vote [Yes - No - Abstain]: 21-0-0 Date of Meeting: 11/1/17				11/1/17
	Comments:				
		Senate Chair Signature: _	All of	<u>'</u>	Date: 11/1/17
		Senate Secretary Signatur	e: Ill		Date: 11/1/17
3.	Ch a)	nancellor: Requested Action:			-
	α)	For Action	For Information	Recogniti	ion of Receipt
	b)	Chancellor Action:			
		Approved	Not Approved	Acknowle	edge Receipt
		Comments:			
		Chancellor Signature:			Date:

Once finalized, copies will be returned to Special Assistant to the Chancellor who will scan and distribute electronically to: Chancellor, Provost, Chair of Faculty Senate, and Secretary of the Faculty Senate. The latter will post the Proposal/Recommendation/Resolution on the Faculty Senate Website.