

**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

\_\_\_\_\_  
Associate Vice President for Finance      Date:

\_\_\_\_\_  
Student Affairs Council

\_\_\_\_\_  
Vice President for Student Affairs      Date:

\_\_\_\_\_  
Administrative Affairs Council

\_\_\_\_\_  
Vice President for Academic Affairs      Date:

\_\_\_\_\_  
Planning Council

\_\_\_\_\_  
Vice President for Finance and Administration      Date:

\_\_\_\_\_  
President      Date: