|  |  |  |
| --- | --- | --- |
| Course number/ name: | | |
| Meeting #: |  | Date: |

Department Council action plan

|  |  |  |
| --- | --- | --- |
| # | Action | Dep. decision |
| 1 |  | Accept/Reject |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

Recommendations for the course:

|  |  |
| --- | --- |
| # | Recommendations |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |