



University of Miami
Office of the Registrar

**Course & Curriculum
Authorized Signature Form**

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|--------------------------------------|--|------------------------|--|
| Effective Date of Signatures: | | School/College: | |
|--------------------------------------|--|------------------------|--|

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|--|---|
| Course Approval Request: | Required signatures - Dept. Chair, Curriculum Academic Dean |
| Unit Modification Request: | Required signatures - Dept. Chair, School Scheduler |
| Student Repeatable Course Request: | Required signatures - Dept. Chair, Academic Dean |
| Curriculum Repeatable Course Request: | Required signatures - Dept. Chair, Curriculum Academic Dean |

Please print name(s) next to item authorized personnel is to sign for and signature next to name.

| Forms | Print Name | Signature |
|-------------------------------------|------------|-----------|
| Course Approval | | |
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| Curriculum Repeatable Course | | |
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| | | |
| Student Repeatable Course | | |
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| Unit Modification | | |
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