

### Course Outline of Record Approval

<b>Title</b>	<b>Signature</b>	<b>Date</b>
Originating Faculty	_____	_____
Learning Area Curriculum Representative	_____	_____
WHCL Articulation Officer (transfer courses only)	_____	_____
WHCL Chief Instructional Officer	_____	_____
WHCL Curriculum Chair	_____	_____
WHCCD Administrative Representative	_____	_____
WHCCD Board of Trustees Approval (no signature required)		_____
WHCL Approval Verification:		
_____	_____	_____
Print Name	Signature	Date