

# University of Idaho Extension

## Form A: Curriculum Routing

Curriculum Title: \_\_\_\_\_

Author Name(s): \_\_\_\_\_

Has any portion of this publication (text, illustrations, tables, etc.) been published previously, online or in print, by you or anyone else? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Does your manuscript cite all such instances? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received permission to reprint any tables, figures, blocks or text, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

Date curriculum needed and why: \_\_\_\_\_

Quantity needed (2-year supply): \_\_\_\_\_

Marketing plan (Attach a separate piece of paper with your distribution and/or sales plans.)

### Summary of Reviewer Recommendations

Note: at least two reviewers must be extension specialists

Reviewer names	Accept as is	Accept w/minor changes	Reconsider w/major changes	Not acceptable
1.				
2.				
3.				
4.				

**Pilot Test Results**     Acceptable     Not acceptable

**Human Assurances Committee approval, if necessary**   

### BUDGET AND APPROVAL SIGNOFF

First author \_\_\_\_\_ Date \_\_\_\_\_

If grant or other funds committed \$ \_\_\_\_\_ (budget no. \_\_\_\_\_)

Funding source \_\_\_\_\_

Unit administrator \_\_\_\_\_ Date \_\_\_\_\_

(approves content and unit support, if applicable)

If unit funds committed \$ \_\_\_\_\_ (budget no. \_\_\_\_\_)

Extension director \_\_\_\_\_ Date \_\_\_\_\_

(approves UI Extension support and funding, if applicable)

Educational Communications editor \_\_\_\_\_ Date \_\_\_\_\_