SIGNATURE SHEET FOR EVALUATIVE CRITERIA
APPROVED CRITERIA SHALL HAVE ALL REQUIRED SIGNATURES

Department/Office: ________________________________

Department Chair/Head: ________________________________  ________________________________
Print  Signature

Academic Year (circle): 15-16  16-17  17-18  18-19  19-20

Date Sent to Dean/Supervisor: _______

Signature Date Approved

________________________________  ___________  Y / P / N
Dean/Supervisor:

________________________________  ___________  Y / P / N
Add’l Admin:

________________________________  ___________  Y / P / N
Provost/designee:

________________________________  ___________  Y / P / N
President/designee:

Y = Approved  P = Approved pending modifications  N = Not approved

For P or N decisions, the departmental committee should be provided with the reasons for non-approval, as well as suggested changes to the criteria within a reasonable time to ensure timely approval for first year candidates.

DIRECTIONS: Sign each line and print or stamp name below the line. This signature page must accompany the evaluative standards throughout the entire approval process, and serves as a record that all levels have contributed to the approval process. After all levels have approved the evaluative standards, this cover page and the criteria shall be duplicated, and a copy sent to the Senate office for archiving. The original criteria packet is returned to the Department/Office.

SUGGESTED TIMETABLE:

<table>
<thead>
<tr>
<th>DATE</th>
</tr>
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<tbody>
<tr>
<td>Departmental approval, sent to Dean/Supervisor: September 25 (earlier if possible)</td>
</tr>
<tr>
<td>Dean provides feedback regarding criteria: October 9</td>
</tr>
<tr>
<td>Final administrative approval and forwarding to Senate, Department, and Dean: November 1</td>
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</tbody>
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