

SIGNATURE FORM

NEW PROGRAM: _____

INTRODUCED BY: _____

DEPARTMENT CHAIR

I support this program and will make available the departmental funds and/or other items (such as space, administrative assistance, work study etc.) necessary to implement it.

NAME OF CHAIR: _____SIGNATURE: _____

COLLEGE DEAN

I support this program and will make available the college funds and/or other items (such as space, administrative assistance, work study, etc.) necessary to implement it.

NAME OF DEAN: _____SIGNATURE: _____

LIBRARIAN

I support this program and will make available the library funds necessary to implement it.

NAME OF DEAN: _____SIGNATURE: _____

For proposals that involve multiple departments and/or programs:

The following department chairs and/or program directors certify that they have been consulted regarding this program:

NAME OF DEPARTMENT CHAIR/PROGRAM DIRECTOR: _____

DEPARTMENT: _____

SIGNATURE: _____

NAME OF DEPARTMENT CHAIR/PROGRAM DIRECTOR: _____

DEPARTMENT: _____

SIGNATURE: _____

NAME OF DEPARTMENT CHAIR/PROGRAM DIRECTOR: _____

DEPARTMENT: _____

SIGNATURE: _____

Chairs and/or Program Directors who still have objections after consultation should describe them briefly on a separate page.