**FORM 8**

**SIGNATURE SHEET FOR EVALUATIVE CRITERIA**

**APPROVED CRITERIA SHALL HAVE ALL REQUIRED SIGNATURES**

Department/Office:

Department Chair/Head:

 Print or type Signature

Academic Year (circle): 16-17 17-18 18-19 19-20 20-21

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: DATE**

Departmental approval, sent to Dean/Supervisor: **September 25 (earlier if possible)**

Dean provides feedback regarding criteria **October 9**

Final administrative approval and forwarding to Senate, **November 1**

Department, and Dean