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

Department/Office: Phys	ics & Astr	-o Momy	^			
Department Chair/Head: _ E.	•		至少是	2		
Academic Year (circle):	Print (15-16)	16-17	Signature / 17-18	18-19	19-20	
Date Sent to Dean/Supervisor:	09-21-15					
Signature	ä		Date		Approved	
Dean/Supervisor:	Auto-Profession		9/21/15		Ø/P/N	
Add'l Admin:					Y/P/N	
JIM			913010	5 (Y) P/N	
Provoet/designee:			ž		W / D / N	
President/designee:					Y/P/N·	
			r	*		
Y = Approved	P = Approved pending modifications			N = Not a	pproved	
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 project is returned to the Department (O.S.)						
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.						
SUGGESTED TIMETABLE	:	D	ATE			

September 25 (earlier if possible)

October 9

November 1

Departmental approval, sent to Dean/Supervisor:

Final administrative approval and forwarding to Senate,

Dean provides feedback regarding criteria

Department, and Dean