

FORM 1

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

Department: _____

Department Chair/Head: _____

Select one:

___ Evaluative criteria previously approved are applicable. Please specify academic year of approval.

___ Evaluative criteria have been modified. New criteria are attached with changes tracked in the document. Signatures are required below for these new criteria.

Date Sent to Dean: _____

Signature
Approved

Date

Dean: _____

Provost/designee: _____

DIRECTIONS: This signature page must accompany the evaluative criteria throughout the entire approval process and serves as a record that all levels have contributed to the approval process. Changes and any new language added to existing and approved criteria documents must be clearly marked in the new criteria document using the Track Changes function. After all levels have approved the evaluative standards, the Provost or designee will send this cover page and the criteria to the Senate office for archiving.