

FORM 8

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

Department/Office: BIO MEDICAL ENGINEERING

Department Chair/Head: MARK BYANG [Signature]
Print or type Signature

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

Date Sent to Dean/Supervisor: 9/8/2020

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|---------------------|--------------------|----------------|-----------------|----------|------------------|
| Signature | <u>[Signature]</u> | Date | <u>10/04/20</u> | Approved | <u>(Y)</u> P / N |
| Dean/Supervisor: | _____ | _____ | _____ | | Y / P / N |
| Add'l Admin: | <u>[Signature]</u> | _____ | _____ | | Y / P / N |
| Provost/designee: | _____ | <u>2/13/21</u> | _____ | | <u>(Y)</u> P / N |
| President/designee: | _____ | _____ | _____ | | Y / P / N |

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|--------------|------------------------------------|------------------|
| Y = Approved | P = Approved pending modifications | N = Not approved |
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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.

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| 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, Department, and Dean | November 1 |