

FORM 8

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

Department/Office: ExEEEd

Department Chair: Jess W. Everett
Print

Jess W Everett
Signature

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

Date Sent to Dean/Supervisor: 9/30/2020

Signature Stephanie Farrell
Dean/Supervisor: Stephanie Farrell

Date 10/4/20 Approved
Y / P / N

Add'l Admin: _____

_____ Y / P / N

Provost/designee: _____

02/15/21 Y / P / N

President/designee: _____

_____ Y / P / N

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, Department, and Dean	November 1