FORM 8

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

Department/Office: Geology	_				
Department Chair/Head:	ertment Chair/Head: Harold C. Connolly Jr. Print or type		Haceld Countly In		
Academic Year (circle):	16-17	17-18	18-19	19-20	20-21
Date Sent to Dean/Supervisor	or: 12/3/2020				
Signature All Johnson			Date		Approved
Dean/Supervisor:	-		12/3/2020_		Y/P/N
Add'l Admin: Provost/designee:	_	_	2/15/	¥	Y/P/N P/N
President/designee:					Y/P/N
Y = Approved $P = Approved pending modifications N = Not approved$					approved
For P or N decisions, the dechanges to the criteria within DIRECTIONS: Sign each listandards throughout the end After all levels have approve the Senate office for archiving	n a reasonable time to ne and print or stamp tire approval process and the evaluative sta	p name below the sand serves as a ndards, this cover	approval for first you e line. This signature record that all leve er page and the crite	ear candidates. The page must act the page must act the page must act the page must act the page and the dup the page act to the page act the page act to the	ecompany the evaluative uted to the approval process.
SUGGESTED TIMETABLE: Departmental approval, sent to Dean/Supervisor: Departmental approval, sent to Dean/Supervisor: September 25 (earlier if possible)					

October 9

November 1

Dean provides feedback regarding criteria

Department, and Dean

Final administrative approval and forwarding to Senate,