## FORM 8

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

Department/Office: <u>Interdisc</u> Department Chair/Head: <u>List</u>		-	Hay Un O	to lature	
Academic Year (circle):	16-17	17-18	18-19	19-20	20-21
Date Sent to Dean/Supervisor:	09/25/2020				
Signature  Bowlone  Dean/Supervisor:	n-		Date	0_	Approved  Y P/N
Add'l Admin:  Provost/designee:		_	02/15/	21	Y/P/N  Y/P/N
President/designee:			-	- 1	Y/P/N
Y = Approved	P = Approved	d pending modifie	cations	N = Nc	ot 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 Departmental approval, sent to	- CO	. DA	TE etember 25 (earlier	if possible	)

October 9

November 1

Dean provides feedback regarding criteria

Final administrative approval and forwarding to Senate, Department, and Dean