FORM 8

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

Department Office: Jo	thryn Qui	ley	Lithy	Qu	2	
Academic Year (circle): Date Sent to Dean/Supervis	Print	16-17	Signature ()	18-19	19-20	20-21
Signature Sanford Tweedie Dean/Supervisor:	Juread)_	Date 10/8/202	20	Approved Y P/N	
Add'l Admin: MJS VP for Faculty Provost/designee:	Affairs	_	03/31/2	021	Y/P/N Y P/N	
President/designee:				_	Y/P/N	
Y = Approved	P = Approved pending modifications			N = Not approved		
For P or N decisions, the de suggested changes to the cr DIRECTIONS: Sign each I evaluative standards throug the approval process. After	iteria within a reasonal ine and print or stamp hout the entire approve	name below that process, and	sure timely approval for the line. This signature I serves as a record the	or first year can page must acc at all levels hav	ompany the	

SUGGESTED TIMETABLE:

DATE

duplicated, and a copy sent to the Senate office for archiving. The original criteria packet is returned to the

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,

November 1

Department, and Dean

Department/Office.