FORM 8

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

	Print or type		Sign	ature	
cademic Year (circle):	16-17	17-18	18-19	19-20	20-21
ate Sent to Dean/Supervi	isor: <u>9-18-2020</u>				
ignature .	V 4. 0		Date		Approved
agee-Sauer	Kin Mouse		10/29/2020		(Y)P/N
ean/Supervisor:		_			0.7.7
		_			Y/P/N
dd'l Admin:			1 1		
			02/15/	21	Y)P/N
rovost/designee:					
		_			Y/P/N
resident/designee:					
= Approved	P = Approved pending modifications			N = Not	approved

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 Dean/Supervisor:	DATE September 25 (earlier if possible)
Dean provides feedback regarding criteria	October 9
Final administrative approval and forwarding to Senate,	November 1