FORM 8

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

= Approved P = Approved pending modifications		tions	N = Not approved		
				Y/P/N	
		2(15)	<u> </u>	Y)P/N	
		/ 1	2.1		
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Dammers		7/25	120	GIPIN	
		Date	./	Approved	
9/25/20					
16-17	17-18	18-19	19-20	20-21	
Print or type	nair		Successive State of the State o		
	Print or type	Robert Rawlins, Chair Print or type 16-17 17-18 9/25/20	Robert Rawlins, Chair Print or type $16-17$ $9/25/20$ Date $7/25$	Robert Rawlins, Chair Print or type 16-17 17-18 18-19 19-20 $9/25/2o$ Date $7/25/2c$	

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,

November 1

Department, and Dean