FORM 8

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

Department/Office: Pu	blic Relat	SONS 5	Adverts 1.	179		
Department Chair: 5474			Signature Signature		sporald	_
Academic Year (circle):	15-16	16-17	17-18	18-19	19-20	(20
Date Sent to Dean/Supervisor:	XXXXXX	XXXXXX	2/11/2021			
Signature Sanford Tweedie Dean/Supervisor:	weed:		Date 2/12/20	21	Approved Y P / N	
Add'l Admin: Provost/designee:			1/2/	121	Y/P/N Y/P/N	
President/designee:		— Text			Y/P/N	
Y = Approved	P = Approve	d pending modif	ications	N = No	t approved	
For P or N decisions, the depart suggested changes to the criter						
DIRECTIONS: Sign each line evaluative standards throughouthe approval process. After all duplicated, and a copy sent to a Department/Office.	it the entire approvi	val process, and seven the evaluative	serves as a record the standards, this co	hat all levels l ver page and	have contributed the criteria shall l	
SUGGESTED TIMETABLE: Departmental approval, sent to Dean/Supervisor:			DATE September 25 (earlier if possible)			
Dean provides feedback regarding criteria			October 9			
Final administrative approval a Department, and Dean	ovember 1					