

New Center or Institute Signature Form

Print form and attach it to the front of the proposal

Proposed Center/Institute Name:	
Department + ZIP:	College + ZIP:
Primary Contact:	
Phone #:	E-mail:
<p>All signatures on this page attest to:</p> <p style="margin-left: 40px;">1. Support for the goals and structure of the proposed Center or Institute</p> <p style="margin-left: 40px;">2. Appropriate consultation within signatory's area of responsibility</p>	
<u>PROPOSAL STEPS:</u>	<u>COMPLETED:</u>
<input type="checkbox"/> signature required if checked	1. Proposal developed (consult with Curriculum Services for signatures required) Date: _____ 2. Proposal reviewed and approved by Department Curriculum Committee Date: _____ _____ Chair, Department Curriculum Committee signature
<input type="checkbox"/> signature required if checked	3. Proposal reviewed and approved by Department Chair Date: _____ _____ Department Chair signature
<input type="checkbox"/> signature required if checked	4. Proposal reviewed and approved by College Curriculum Committee Date: _____ _____ Chair, College Curriculum Committee Signature
<input type="checkbox"/> signature required if checked	5. Proposal reviewed and approved by College Dean Date: _____ _____ College Dean Signature
<input type="checkbox"/> signature(s) required if checked	6. Other signature(s) required (as determined by Curriculum Services) _____ _____ _____
<p>Send completed proposal to: Academic Affairs/Curriculum Services, Kendall Hall 102, Campus ZIP 110</p>	