

**Approval Signatures**

Department Chair/Unit Director:

Melinda A. Shelton

Date:

6/14/17

Dean (if applicable):

N/A

Date:



Area Vice President:

Date:

Title III Administration\*:

Date:

\*Indicates that the proposed activity is in compliance with terms and conditions of the Title III Grant Program.

Please upload approval signatures excluding Title III Administration as indicated in the Document Attachment Section on page 2.

**To be Used by Title III Administration ONLY**

Status of Proposal: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_