

Approval Signatures

Department Chair/Unit Director: _____

Date: _____

Dean (if applicable): _____

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: _____

*Note: Will send the approved
copy on monday,*