

Internal Accreditation Signature Form

Program	Status	Date
_____	Review in: <input type="radio"/> draft form <input type="radio"/> final form	_____

Please ensure that all requirements for compliance have been reviewed. All signatures must be obtained before responding to the accrediting body. **Your signature on this form signifies that you have read and agree to the contents of the accreditation proposal as submitted.**

<input type="checkbox"/>	Department

	Accreditation Coordinator

	Department Chair
<input type="checkbox"/>	College

	College Assessment Coordinator

	Associate Dean

	Dean

<input type="checkbox"/>	Accreditation Review Center
	<i>NOTE: One or both Dean of Undergraduate/Graduate Studies may be required, depending on the program reviewed.</i>

	Dean of Undergraduate Studies

	Dean of Graduate Studies

	Office of Institutional Effectiveness (OIE)

	Assessment Coordinator