

**SIGNATURE PAGE**

**Approval by the President** (“I certify that the institution has adequate funds to cover the costs of the new program. Furthermore, the new program will not reduce the effectiveness or quality of existing programs at the institution”):

\_\_\_\_\_ **Date**

**Approval by Vice President for Academic Affairs or Provost**

\_\_\_\_\_ **Date**

**Approval by Vice President for Finance/Business**

\_\_\_\_\_ **Date**

**Approval by Vice President for Facilities**

\_\_\_\_\_ **Date**

**Acknowledged by Vice President for Enrollment Management for Recruitment**

\_\_\_\_\_ **Date**

**Endorsed by Economic Development Officer:** \_\_\_\_\_

**Signature**

**Endorsed by Career Services:** \_\_\_\_\_

**Signature**

<b>Point of Contact for Program</b>
<b>Name:</b>
<b>Title:</b>
<b>Email:</b>
<b>Phone Number:</b>

<b>SACSCOC Program Coordinator</b>
<b>Name:</b>
<b>Title:</b>
<b>Email:</b>
<b>Signature:</b>