**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”***):**

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| **[Name of President Here]** |  | **Date** |

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| **Approval by Vice President for Academic Affairs or Provost** |
|  |  |  |
| **Signature** |  | **Date** |
| **[print name here]** |  |  |
| **Approval by Vice President for Finance/Business** |
|  |  |  |
| **Signature** |  | **Date** |
| **[print name here]** |  |  |
| **Approval by Vice President for Facilities** |
|  |  |  |
| **Signature** |  | **Date** |
| **[print name here]** |  |  |
| **Acknowledged by Vice President for Enrollment Management for Recruitment** |
|  |  |  |
| **Signature** |  | **Date** |
| **[print name here]** |  |  |
| **Endorsed by Economic Development Officer:** |  |
|  | **Signature** |
| **Endorsed by Career Services:** |  |
|  | **Signature** |

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| --- | --- | --- |
| **Point of Contact for Program** |  | **SACSCOC Program Coordinator**  |
| **Name:** |  | **Name:** |
| **Title:** |  | **Title:** |
| **Email:** |  | **Email:** |
| **Phone Number:** |  | **Signature:** |