

TARLETON STATE UNIVERSITY
CONTINUING EDUCATION ACTIVITY SIGNATURE FORM

Activity Name: _____

Requesting Unit/Department: _____

Unit/Department Type:
(Academic - Teaching, Academic - Non-Teaching, or Non-Academic)

Developer/Person Responsible: _____

REQUEST
I request the establishment and operation of the proposed activity.

Signed: _____ Date: _____
Head of Unit / Department

SUPPORT
I support the establishment and operation of the proposed activity.

Signed: _____ Date: _____
Dean / AVP / VP
Return signed form to Academic Outreach and Engagement (Box T-0010)

CERTIFICATION
I certify this proposal meets TAMUS regulations and the educational business model standards of Tarleton State University.
This proposal has been reviewed and moved forward by the Non-State Funded Course Group.

Signed: _____ Date: _____
Director of Academic Outreach and Engagement

Signed: _____ Date: _____
AVP for Outreach and Off-Campus Programs

As Chief Business Officer, I certify this proposal is in compliance with the criteria set forth in TAMUS Policy 28.02.

Signed: _____ Date: _____
VP of Finance and Administration

APPROVAL
I approve the establishment and operation of the proposed activity.

Signed: _____ Date: _____
Provost and Executive Vice President of Academic Affairs

ACADEMIC OUTREACH AND ENGAGEMENT USE ONLY

Proposal Received	Committee Review	Sent for Revision	Department Notified
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