

**TARLETON STATE UNIVERSITY**  
**EXTENSION 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 Extension Education (Box T-0008)**

**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 Extension Education

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/ Vice President for Academic Affairs

**EXTENSION EDUCATION USE ONLY**

Proposal Received	Committee Review	Sent for Revision	Department Notified
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