



FINAL PROOF SIGN-OFF SHEET

For: CATALOG _____

Name: Dean of Students _____ Date _____

Comments: _____

Name: Assistant to the President _____ Date _____

Comments: _____

Name: Dean of Continuing Education _____ Date _____

Comments: _____

Name: Dean of Academic Programs _____ Date _____

Comments: _____

Name: Director of Fiscal Affairs _____ Date _____

Comments: _____

Name: Marketing Specialist _____ Date _____

Comments: _____

Name: Director of Mktg & Communication _____ Date _____

Comments: _____



PROOF SIGN-OFF SHEET

For: STUDENT HANDBOOK _____

Name: Dean of Students _____ Date _____

Comments: _____

Name: Marketing Specialist _____ Date _____

Comments: _____

Name: Director of Mktg & Communication _____ Date _____

Comments: _____



FINAL PROOF SIGN-OFF SHEET

For: CREDIT SCHEDULE _____

Name: Dean of Students _____ Date _____

Comments: _____

Name: Assistant to the President _____ Date _____

Comments: _____

Name: Dean of Academic Programs _____ Date _____

Comments: _____

Name: Dean of Continuing Education _____ Date _____

Comments: _____

Name: Director of Fiscal Affairs _____ Date _____

Comments: _____

Name: Marketing Specialist _____ Date _____

Comments: _____

Name: Director of Mktg & Communication _____ Date _____

Comments: _____



FINAL PROOF SIGN-OFF SHEET

For: CONTINUING EDUCATION SCHEDULE _____

Name: Dean of CE/Workforce Dev. _____ Date _____

Comments: _____

Name: Assistant to the President _____ Date _____

Comments: _____

Name: Director of Marketing _____ Date _____

Comments: _____

Name: Marketing Specialist _____ Date _____

Comments: _____