Pathway Agreement Sign-Off Sheet

Primary Department: __________________________________________________________

Partnering Institution: _______________________________________________________

Pathway Program: ___________________________________________________________

Will this Pathway Agreement impact another dept. /college?   Y     N

☐ If yes, has that dept./college been involved in the collaboration of this agreement?   Y     N

☐ Name of dept./college impacted ____________________ Contact Person:______________

Review Process:

In review of the attached pathway, I acknowledge that the pathway meets all of the following requirements:

☐ Other dept. has been consulted for any course impacting an agreement that is outside of general education
☐ 120 Minimum Credit Hours to Graduate
☐ 45 Credit Hours at 300/400 Level or Above
☐ General Education Certified with any AAS programs
☐ Major Requirements Met
☐ Transfer Equivalencies Indicated or New Equivalencies Sent to Transfer Services

Signatures Required:

☐ Chair: ____________________________ Date: _________________

☐ Dean: ______________________________ Date: _________________

☐ Vice Provost Undergraduate Academic Affairs: ________________ Date: __________