

## 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: \_\_\_\_\_