

FORM 8

SIGNATURE SHEET FOR EVALUATION

APPROVED CRITERIA SHALL HAVE ALL REQUIRED SIGNATURES

Department Chair/Head: MARK BYANG

Faculty (circle): 10-11 9/2015 12-16 16-17 17-20 20-21

*[Handwritten Signature]*

or first year candidates. Ensure timely approval

Directions: Sign each line and print or stamp name below the line. This signature page must accompany the evaluation.

*[Handwritten Signature]*