

Authorized Signatures for the Graduate College
2009-2010 Academic Year

Effective Date: _____ Graduate Unit: _____

List specific codes, or write "ALL" in the space below. If "ALL" is written, all the individuals included on this form will have authority over all programs within the unit listed above. Please use an additional sheet if necessary.

Program Codes:

10KS	10KS	
10KS	10KS	

Concentration/Minor Codes:

--	--	--

The signatures of the following member(s) of this unit are authorized to act as specified below. **PLEASE FILL IN THE NAME** under the signature. Next to each signature below please check the appropriate box(es) to indicate whether the person is authorized to sign for petitions (P), doctoral committees and dissertations (DC), fellowship rating forms (RF), withdrawal/cancellation forms (W/C), or Late Registration and Course Change forms (LR&CC).

Authorized Signatures: **P** **DC** **RF** **W/C** **LR&CC**

Signature of _____ Name _____ UIN _____	[]	[]	[]	[]	[]
---	-----	-----	-----	-----	-----

Signature of _____ Name _____ UIN _____	[]	[]	[]	[]	[]
---	-----	-----	-----	-----	-----

Signature of _____ Name _____ UIN _____	[]	[]	[]	[]	[]
---	-----	-----	-----	-----	-----

Signature of _____ Name _____ UIN _____	[]	[]	[]	[]	[]
---	-----	-----	-----	-----	-----

Signature of _____ Name _____ UIN _____	[]	[]	[]	[]	[]
---	-----	-----	-----	-----	-----

----- Authorized to sign for all -----

Executive Officer (Signature of Head/Chair/Director of Unit)

Executive Officer:

Name	UIN	Title
Campus Address and Mailcode	Email Address	Telephone

Director of Graduate Studies:

Name	UIN	Title
Campus Address and Mailcode	Email Address	Telephone

Authorized Signatures for the Graduate College

Departmental Contact for graduate student records:

Name	UIN	Title
Campus Address and Mailcode	Email Address	Telephone

Graduate Faculty Authorizer:

Name	UIN	Title
Campus Address and Mailcode	Email Address	Telephone

Graduate Admissions Contact:

Name	UIN	Title
Campus Address and Mailcode	Email Address	Telephone

Thesis Reviewer:

Name	UIN	Title
Campus Address and Mailcode	Email Address	Telephone

Responsible for Pending Degree List Certification:

Name	UIN	Title
Campus Address and Mailcode	Email Address	Telephone

Additional Email Recipients:

These individuals will be listed on the "additional" email lists for your unit, ONLY. They are not contacts or authorizers.

Email list:	Contact	Admissions	Director	Thesis Reviewer	<i>Check all that apply.</i>
--------------------	----------------	-------------------	-----------------	------------------------	------------------------------

Name	UIN	Email Address
------	-----	---------------

Email list:	Contact	Admissions	Director	Thesis Reviewer	<i>Check all that apply.</i>
--------------------	----------------	-------------------	-----------------	------------------------	------------------------------

Name	UIN	Email Address
------	-----	---------------

Email list:	Contact	Admissions	Director	Thesis Reviewer	<i>Check all that apply.</i>
--------------------	----------------	-------------------	-----------------	------------------------	------------------------------

Name	UIN	Email Address
------	-----	---------------

Email list:	Contact	Admissions	Director	Thesis Reviewer	<i>Check all that apply.</i>
--------------------	----------------	-------------------	-----------------	------------------------	------------------------------

Name	UIN	Email Address
------	-----	---------------