



Authorized Signatures for the Graduate College

Graduate Unit:

Effective Date:

All Programs: ___Yes ___No (Please complete list of program codes. Use an additional sheet if necessary.)

Program Codes:

10KS	10KS	10KS	10KS	10KS	10KS
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Concentration/Minor Codes (if applicable):

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EXECUTIVE OFFICER

Any additions, deletions or revision to this form must be approved by the unit Executive Officer.

Name: _____ Title: _____ UIN: _____
 Email Address: _____ Campus Address and Mailcode: _____
 Telephone: _____

The Executive Officer is authorized to sign for all functions in this unit.

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

ROLES NOT REQUIRING SIGNATURES

<p><i>Graduate Admissions Contact:</i></p> <p>Name: _____ Title: _____ UIN: _____ Email: _____ Phone #: _____</p>	<p><i>Pending Degree List Certifier:</i></p> <p>Name: _____ Title: _____ UIN: _____ Email: _____ Phone #: _____</p>
<p><i>Thesis Reviewer(s):</i></p> <p>Name: _____ Title: _____ UIN: _____ Email: _____ Phone #: _____</p> <p>Name: _____ Title: _____ UIN: _____ Email: _____ Phone #: _____</p>	<p><i>Graduate Faculty Authorizer:</i></p> <p>Name: _____ Title: _____ UIN: _____ Email: _____ Phone #: _____</p>

ADDITIONAL EMAIL RECIPIENTS

Name:

UIN:

Email Address:

Add to Email list for (circle all that apply): **Contact** **Admissions** **Director** **Thesis Reviewer**

Name:

UIN:

Email Address:

Add to Email list for (circle all that apply): **Contact** **Admissions** **Director** **Thesis Reviewer**

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Name:

UIN:

Email Address:

Add to Email list for (circle all that apply): **Contact** **Admissions** **Director** **Thesis Reviewer**