



# APPENDIX A: SPECIAL ACTIVITIES PROGRAM APPROVAL

**Program Title** \_\_\_\_\_ **Dates** \_\_\_\_\_

Audience: \_\_\_\_\_

Location: \_\_\_\_\_

Program Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Office of the Provost Contact:

Clay Taylor  
Director of Academic Partnerships  
Mail Stop 5095  
Phone: 806.834.5492 Fax: (806) 742-7277  
clay.taylor@ttu.edu

I approve of this program and the budgeted income and expenses.

1. Program Director/Chairperson of Sponsoring Department:

\_\_\_\_\_  
Signature Date

2. Administrator/Dean of Sponsoring Department:

\_\_\_\_\_  
Signature Date

3. Director, Office of the Provost

\_\_\_\_\_  
Signature Date

Return signed form to Clay Taylor by campus mail, email or fax.