



SPECIAL ACTIVITIES PROGRAM APPROVAL

Program Title _____ **Dates** _____

Audience: _____

Location: _____

Program Contact:

Name: _____ Phone: _____ Email: _____

V. Approval

Required for all activities.

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

Signature - Director/Chairperson of Sponsoring Department

Date

Signature - Administrator/Dean of Sponsoring Department

Date

Signature - Director, Office of the Provost

Date

Office of the Provost Contact: Bonnie Cordell, Director of Microcredentials

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