

A copy of this form, completed, must be attached to the college bylaws.

I confirm that the attached bylaws, dated mm / dd / yyyy, were approved by the faculty of the Department of _____ in accordance with college policies and procedures:

College Faculty Council Approval - I approve the attached bylaws:

Name (printed or typed)

Signature/ Date

College Dean Approval - I approve the attached bylaws:

Name (printed or typed)

Signature/ Date

Provost Approval - I approve the attached bylaws:

Name (printed or typed)

Signature/ Date