# Planning Accreditation Board – SSR Signature Page

These signatures attest to the validity of the application and to the institution’s support for the accreditation of the planning Program. Original hard copy signature page should be mailed to PAB.

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| **Institution Name:** |  |
| **Degree Name:**  |  |

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| **1. PLANNING PROGRAM ADMINISTRATOR** |
| Name: |  | Phone: |  |
| Title: |  | Email: |  |
| MailingAddress: |  | Date: |  |
|  | Signature: |  |

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| **2. PERSON PREPARING APPLICATION** (if different from above) |
| Name: |  | Phone: |  |
| Title: |  | Email: |  |
| MailingAddress: |  | Date: |  |
|  | Signature: |  |

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| **3. DEAN OR OTHER HIGHER ADMINISTRATOR** |
| Name: |  | Phone: |  |
| Title: |  | Email: |  |
| MailingAddress: |  | Date: |  |
|  | Signature: |  |

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| **4. INSTITUTION'S CHIEF ACADEMIC OFFICER** |
| Name: |  | Phone: |  |
| Title: |  | Email: |  |
| MailingAddress: |  | Date: |  |
|  | Signature: |  |
| **5. INSTITUTION'S CHIEF EXECUTIVE OFFICER** |
| Name: |  | Phone: |  |
| Title: |  | Email: |  |
| MailingAddress: |  | Date: |  |
|  | Signature: |  |

Provide contact information for the following individuals (signatures are not required):

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| **PLANNING STUDENT ORGANIZATION** |
| Organization Name: |  |
| Student Name: |  | Phone: |  |
| Title: |  | Email: |  |

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| **LOCAL APA CHAPTER REPRESENTATIVE**  |
| Chapter Name: |  |
| Name: |  | Phone: |  |
| Title: |  | Email: |  |