# PART II – Signatures and contact information

These signatures attest to the validity of the application and to the institution’s support for the accreditation of the planning Program.

**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: |  |