# 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: |  |
| Mailing  Address: |  | Date: |  |
|  | Signature: |  |

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

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

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