

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: _____

1. PLANNING PROGRAM ADMINISTRATOR

Name: _____

Title: _____

Mailing Address: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

2. PERSON PERPARING APPLICATION (if different from above)

Name: _____

Title: _____

Mailing Address: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

3. DEAN OR OTHER HIGHER ADMINISTRATOR

Name: _____

Title: _____

Mailing Address: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

4. INSTITUTION'S CHIEF ACADEMIC OFFICER

Name: _____

Title: _____

Mailing Address: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

5. INSTITUTION'S CHIEF EXECUTIVE OFFICER

Name: _____

Title: _____

Mailing Address: _____

Email: _____

Phone: _____

Signature: _____

Date: _____