

## 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 (optional)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_