

# USG Academic Degree Program Application Signature Page

Proposed Program Name: \_\_\_\_\_

## President

*I certify that the institution has adequate funds to cover the costs of the new program. Furthermore, the new program will not reduce the effectiveness or quality of existing programs at the institution.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Chief Academic Officer

*I certify that the information provided in the Proposal document as well as the budget spreadsheet is accurate and reasonable for this program.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Chief Business Officer

*I certify that the information in **Section F. Resources** as well as the **Financial Projections** outlined in the budget spreadsheet is accurate and reasonable for this program based on the enrollment projections outlined in the budget spreadsheet.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Chief Facilities Officer

*I certify that the information in **Section F3. Facilities** is accurate and reasonable for this program based on the enrollment projections outlined in the budget spreadsheet.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Chief Enrollment Officer

*I certify that the information in **Section E. Implementation** as well as the **Enrollment Projections** outlined in the budget spreadsheet is accurate and reasonable for this program.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date