Kennesaw State University Approval Form for Department/School Bylaws

A copy of this form, completed, must be attached to the department bylaws.

I confirm that the attached bylaws, dated mm / dd / yyyy, were approved by the faculty of the Department/School of _____in accordance with department policies and procedures:

_____

Name (printed or typed) / Title (DFC chair, etc.) Signature/ Date

Department Chair Approval - I approve the attached bylaws:

_____

Name (printed or typed) Signature/ Date

College Faculty Council Approval - I approve the attached bylaws:

_____

Name (printed or typed) Signature/ Date

College Dean Approval - I approve the attached bylaws:

_____

Name (printed or typed) Signature/ Date

Provost Approval - I approve the attached bylaws:

_____

Name (printed or typed) Signature/ Date