



SIGNATURE VERIFICATION – DEPARTMENT/PROGRAM HEAD, GRADUATE ADVISOR

We are collecting the signatures of those with signing authority in each program or department for cases in which we feel it necessary to verify a signature on a form or document (such as add/ drop forms, changes of grade, doctoral oral forms etc.). Please fill out this form and return it to our office at your earliest convenience.

For reference purposes only, please sign below.

Department / Program: _____

Name of Head: _____

Signature: _____

Name of Graduate Advisor: _____

Signature: _____

Person who may sign in absence of Graduate Advisor:

Name: _____

Title or position: _____

Signature: _____