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## SPECIAL ACTIVITIES PROGRAM APPROVAL

**Program Title** \_\_\_\_\_ **Dates** \_\_\_\_\_

Audience: \_\_\_\_\_

Location: \_\_\_\_\_

Program Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I approve of this program and the budgeted income and expenses.

\_\_\_\_\_  
Signature - Director/Chairperson of Sponsoring Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Administrator/Dean of Sponsoring Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Office of the Provost\*

\_\_\_\_\_  
Date

Office of the Provost Contact: Bonnie Cordell, Director of Microcredentials

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continuinged@ttu.edu

\* Office of Provost signature denotes compliance with OP 30.05.