Kennesaw State University Approval Form for Department/School Bylaws

A copy of this form, completed, must be attached t	o the department bylaws.
I confirm that the attached bylaws, dated mm / d Department/School ofdepartment policies and procedures:	ld / yyyy, were approved by the faculty of thein accordance with
Name (printed or typed) / Title (DFC chair, etc.)	Signature/ Date
Department Chair Approval - I approve the attache	ed bylaws:
Name (printed or typed)	Signature/ Date
College Faculty Council Approval - I approve the a	attached bylaws:
Name (printed or typed)	Signature/ Date
College Dean Approval - I approve the attached by	daws:
Name (printed or typed)	Signature/ Date
Provost Approval - I approve the attached bylaws:	
Name (printed or typed)	Signature/ Date