

Crafton Hills College Planning and Program Review Committee Program Review/Annual Plan Signature Sheet

Unit Name: _____

Date of Report Review: _____

Program Review Annual Plan

My signature in this section signifies that I have reviewed the applicable document, and share in the consensus about its contents. I understand that consensus does not necessarily mean that I agree with every detail, but that I am willing to accept the contents as a whole for the good of the program.

Name	Position	Division	Permanent Employee? (Circle one)	Signature
			Yes No	

My signature in this section signifies that I do not share in the consensus about the contents of the applicable document, for the reason indicated.

Name	Position	Division	Permanent Employee? (Circle one)	Reason	Signature
			Yes No		
			Yes No		
			Yes No		
			Yes No		