

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		