

A copy of this form, completed, must be attached to the college bylaws.

I confirm that the attached bylaws, dated mm / dd / yyyy, were approved by the faculty of the Department of \_\_\_\_\_ in accordance with college policies and procedures:

College Faculty Council Approval - I approve the attached bylaws:

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Name (printed or typed)

Signature/ Date

College Dean Approval - I approve the attached bylaws:

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Name (printed or typed)

Signature/ Date

Provost Approval - I approve the attached bylaws:

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Name (printed or typed)

Signature/ Date