**Program Coordinator Approval Form**

Prepared by: School Director signature: Date:

 (if joint apt.) School Director signature: Date:

Has faculty member been promoted in rank at USM? Yes\_\_\_ No\*\_\_\_

\* If no, attach a memo outlining the need for an exception. The dean must approve exception memos.

For the office of the dean: Approve\_\_\_\_ Deny\_\_\_\_ Date:

Associate Provost: Approve\_\_\_\_ Deny\_\_\_\_ Date:

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| **Faculty Information1** | **Program Name2** | **Program Level3** | **Responsibilities4** |
| Name:EMPLID:Role title:Highest degree:Major:Signature: |  |  | 1. Monitor academic quality;
2. Coordinate assessment;
3. Work to maintain curricular relevance;
 |

**1** – Faculty signature indicates understanding and agreement of responsibilities, **2** – As listed on program inventory and includes certificates, badges, and stand-alone minors, **3** – Baccalaureate, Minor, Badge, **4** – DO NOT alter nor delete responsibilities 1-3 as these are fixed for all coordinators.