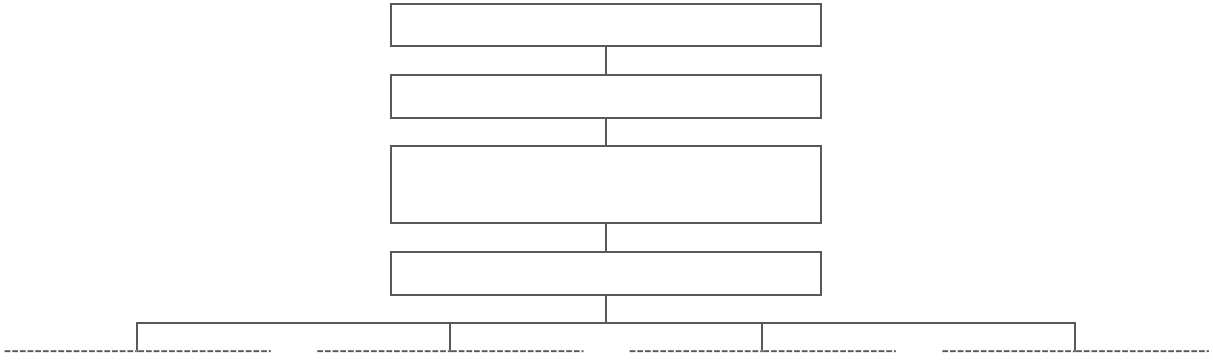

Related Policy Documents

Appendices

20G pendix



*Campus Graduate Studies Governance Documents:
University of Nebraska Medical Center*

Appendix 1: Post-Baccalaureate Professional Credentials (Degrees) _____

University of Nebraska at Kearney

University of Nebraska-Lincoln

- b. List creative productions in professional discipline other than publications. Provide available evidence of acceptance by peers within the discipline.

I have seen and assent to material submitted, with the exception of those materials for which I have signed waivers of access.

I am familiar with the training and abilities of the nominee and certify that he or she is fully qualified to carry out the responsibilities of a Member of the Graduate Faculty.

Nominee

Nominator

Name

Name

Department or Area

Department or Area

Signature

Date

Signature

Date

I certify that this nomination has been evaluated and recommended by at least



Appendix 6: Expedited Review Form _____

EXPEDITED REVIEW OF CERTIFICATE PROGRAM

Campus submitting proposal _____

Name of Proposed Certificate _____

Name of Existing Master s Program _____

Page in Bulletin Describing Existing Master s Program ____

Courses in Existing Master s Program	Master s CreditHours	