

Subject: Department Chair Approval for the eCampus Office of Quality Assurance Program

To: eCampus Office Of Quality Assurance(EOQA)

Re: Approval to participate in eCampus Office Of Quality Assurance Program

I, _____, the undersigned applicant have read the proposal criteria and grant requirements and agree to participate in all activities if selected. The course I have proposed is _____ (course name and number). This course will be taught during the _____ term in _____ (year).

The undersigned Department Chair certify their knowledge of this proposal and their agreement that the award obligations can be fulfilled.

Applicant Signature

Department Chair Signature

Department Chair Printed Name

Date

Date