

Support Services Administrative Review Transmittal

Unit: _____

Cycle Year: _____

Review Participants:

1. _____ (Chair)	4. _____
2. _____	5. _____
3. _____	6. _____

Delivery to Divisional Supervisor:

Service Unit Review Report Delivered to _____ (Name)

_____ (Paper copy) _____ Date
 Review Chair's Signature _____ (Electronic copy) _____ Date

Delivery to Associate Vice President (If applicable):

Review Report and Divisional Supervisor's Report Delivered to _____ (Name)

_____ (Paper copy) _____ Date
 Divisional Supervisor's Signature _____ (Electronic copy) _____ Date

Delivery to Provost/Vice President (If applicable):

Review Report and Associate Vice President Report Delivered to _____ (Name)

_____ (Paper copy) _____ Date
 Associate Vice President's Signature _____ (Electronic copy) _____ Date

Delivery to President:

Review Report, Supervisor's Report, and VP's Report Delivered to the President

_____ (Paper copy)
 Provost/Vice President's Signature _____ Date

Electronic Copy of Review Report, Supervisor's Report, and VP's Report Delivered:

Office of the President Date: _____

Office of Strategic Planning and Institutional Research Date: _____

Presentation to the Board of Regents:

Presentation made to the Board of Regents Date: _____

Paper Copies Received by the Office of Strategic Planning and Institutional Research:

Review Report Date: _____

Divisional Supervisor's Report and Recommendations Date: _____

Provost/Vice President's Report and Recommendations Date: _____

President's Report Date: _____