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**Kennesaw State University Approval Form for Department/School Bylaws**

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

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

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\_\_\_\_\_  
Name (printed or typed) / Title (DFC chair, etc.)

SAMPLE