

Delegation of Signature Authority

Date:	9-1-1	6
Person Delegating Signature Authority:	Gary	Perry
Title:	Provast \$	VP of Academic Affairs
Person to Whom Signature Authority is Delegated:	Michele	Hawkins
Title:	Vice Pro	780VC
Div/Dept/College:	Academ	ic Affairs
Duration: (Insert dates or circle "until revoked")	to	OR Until Revoked
Limitations or exclusions (if any):		
Other notes:		
Signature of Delegating Authority: All signature delegations automatically expire without further action if the person to whom authority has been delegated leaves FAU or changes positions within FAU.		
		his/her successor at any time by signing below:
Signature Revoking Authority: By: Date: Title:		