

**Academic Affairs**  
**Delegation of Signature Authority**

**Department Name:** \_\_\_\_\_

I hereby authorize, \_\_\_\_\_, \_\_\_\_\_,  
Name of Signer Title of Signer

to be my representative, to exercise any and all authority that I otherwise have, on behalf of the University, to stamp or sign my name with their initials for internal documents involving:

**1. Budget**

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |

**2. Internal Actions**

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |

In the event \_\_\_\_\_ is traveling for two or more days, \_\_\_\_\_  
Person Authorizing Name of Signer

is authorized to sign other documents on his/her behalf after reviewing documents with \_\_\_\_\_ or my supervisor.  
Person Authorizing

I understand this delegation is not the normal business practice, but will be in place in the event I am out of the office and documents need to be approved.

This delegation shall be effective from the date of signature below until such time as \_\_\_\_\_ ceases to serve as \_\_\_\_\_ for  
Name of Signer Title of Signer

\_\_\_\_\_ at Appalachian state University, or  
Department

until revoked, whichever event occurs earlier.

\_\_\_\_\_  
Person Authorizing

\_\_\_\_\_  
Title of Person Authorizing

\_\_\_\_\_  
Date

Must submit original to Academic Affairs.