## College Well-Being Award American College Health Foundation

Authorization Signature: Supervisor or Other Authorizing Agent

| Project Director's Supervisor or Other Authorizing Agent: |  |
|---|--|
| I endorse the proposed project and accept respons         | sibility to monitor project progress and |
| completion of post project requirements.                  |  |
|   |  |
| CIONATUDE   | DATE                                     |