

**TKoster Application
Authorizing Signature Form**

Authorizing Agent or Related Department Head

Student Name:		
Authorizing Agent Name:		
Title:		
ACHA Membership #:		
College/University:		
Address:		
City:	State:	Zip code:
Phone:		
Email:		

Project Director's Supervisor or Other Authorizing Agent:

I endorse the proposed project and accept responsibility to monitor project progress and completion of post project requirements.

Signature: _____ **Date:** _____