



**HINDS COMMUNITY COLLEGE
PRE-PROPOSAL APPROVAL ROUTING**

Date _____

Title of Grant _____

Person initiating the grant proposal _____

IMMEDIATE SUPERVISOR

Date received: _____ Date approved: _____ OR

Date disapproved: _____

Immediate Supervisor (Signature): _____

Comments: _____

Appropriate Dean Office (If Applicable)

Date received: _____ Date approved: _____ OR

Date disapproved: _____

Dean (Signature): _____

Comments: _____

Appropriate Vice President

Date received: _____ Date approved: _____ OR

Date disapproved: _____

Vice President (Signature): _____

Comments: _____

Division of Community Relations

Date received: _____ Date approved: _____ OR

Date disapproved: _____

College Grant Writer (Signature): _____

Comments: _____

OFFICE OF THE PRESIDENT

Date received: _____ Date approved: _____ OR

Date disapproved: _____

President (Signature): _____

ACTION / RECOMMENDATION FROM PRESIDENT: _____
