**ENDORSEMENT FOR APPLICATION: X-LABS ASSISTANT DIRECTOR POSITION**

Applicant’s Name:

Applicant’s Unit:

Name of Academic Unit Head:

Date:

Dear Unit Head/School Director and Dean:

Please indicate if you approve of your faculty member application for this position by signing this endorsement form. We ask for your endorsement in the spirit of transparency, as we are aware that (should your faculty member be appointed) her/his absence would impact course scheduling.

\_\_\_\_ I endorse \_\_\_\_ I do not endorse (Unit Head/School Director)

\_\_\_\_ I endorse \_\_\_\_ I do not endorse (Dean)

that this application be considered for the position of assistant director of JMU X-Labs.

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Signature of Department Head or School Director

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Signature of Dean

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Signature of Applicant