

MIAMI DADE COLLEGE

ENDOWED TEACHING CHAIR PORTFOLIO CUSTODY FORM

Portfolio of _____
Name of faculty member

Program/Department _____ Phone# _____

Campus _____

Chairperson or Designee - Name and Signature Date Received

School Director or Designee - Name and Signature (if appropriate) Date Received

Academic Dean or Designee - Name and Signature Date Received

Campus Endowed Committee representative - Name and Signature Date Received

Faculty Initiatives Designee - Name and Signature Date Received

Campus Endowed Committee representative - Name and Signature Date Received

Academic Dean or Designee - Name and Signature Date Received

Return of Portfolio

Faculty Member - Name and Signature Date Received