# Form E3

# Faculty conditions check

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| --- | --- |
| **Faculty:** |  |
| **Course Group(s):** |  |
| **Date of Substantive Review:** |  |

I confirm that the attached response to conditions has been checked and approved by the Faculty and I am in agreement that it should be submitted for approval by the chair/panel.

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| **Dean of Faculty (or nominee)***(add name and status if not Dean)* |  |
| **Date** |  |