

PRESIDENT'S SIGNATURE REQUEST FORM

INSTRUCTIONS

- This form must accompany requests for the President's signature, such as contracts, agreements, MOUs, Memos/Letters from the President, Grants, etc. This form is not required for forms which already have an approval workflow, such as Travel Requests and Requisitions. If you are unsure if this form is needed, please contact the President's Office at ext. 3395 or 3394.
- Please complete the form in its entirety. All pages requiring signature must be clearly flagged/identified and the signature block must be filled appropriately as follows:
Jesús Roberto Rodríguez, Ph.D.
President
- Attach proof of Board approval (if applicable), such as a copy of the approved minutes or a signed Agenda Request Form.
- Requests for the President's signature must include the following signatures in the "Review Workflow" portion of this form before being routed to the Office of the President:
 - Requestor**
 - Coordinator of Records and Contract Management** – obtain CRCM signature for business and procurement contracts only; if CRCM signature not needed Requestor must sign on this line also
 - Legal Counsel** – obtain signature from TSC Legal Counsel; if Legal Counsel approval not needed Divisional VP must sign on this line also.
 - Appropriate Divisional Vice President** – "Required"
 - VP of Information Technology** – obtain VPIT signature; if VPIT signature not needed Divisional VP must sign on this line also.
 - VP of Finance and Administration** – obtain VPFA signature; if VPFA signature not needed Divisional VP must sign on this line also.
- If uploading President's Signature Request Form to Adobe Sign, the following email address must be carbon copied (CC) on Adobe Sign:
tsccontracts@m.contractsafe.com

Please allow a minimum of 3 business days prior to the Requested Due Date. Failure to complete this form, provide necessary documentation, and/or acquire necessary signatures prior to arriving at the Office of the President may result in the documents being returned to the requestor, which may affect the processing time.

REQUEST AND ROUTING DETAILS

Document Name: _____ ☐ Contracts ☒ Agreements ☐ MOU ☐ Memos/Letters ☐ Grants

Requestor (Name): Mr. Jose Arambul Today's Date: 9/20/2022 Requested Due Date: _____

Department: High School Programs and Services Phone #: 9652953533 Email: Jose.arambul@tsc.edu

Date of Board Approval (If Applicable): _____ Purpose/Document Description and Time Sensitivity: _____

23-24 Letter of Assurance for ECHS Designation Veterans.

WORKFLOW APPROVALS

Review and approval of this document is acknowledged by:

Mr. Jose Arambul	Executive Director	<i>Jose J Arambul Jr</i>	09/20/2022
(a) Name	Title of Requestor	Signature	Date
Dr. Stella Garcia	Coordinator of Records and Contract Management	<i>Stella Garcia</i>	09/20/2022
(b) Name	Title	Signature	Date
Dr. Stella Garcia	TSC Legal Counsel	<i>Stella Garcia</i>	09/20/2022
(c) Name	Legal Review	Signature	Date
Dr. Stella Garcia	Chief of Staff	<i>Stella Garcia</i>	09/20/2022
(d) Name	Title of Divisional Vice President	Signature	Date
Dr. Stella Garcia	VP of Information Technology	<i>Stella Garcia</i>	09/20/2022
(e) Name	Title	Signature	Date
Dr. Stella Garcia	VP of Finance and Administration	<i>Stella Garcia</i>	09/20/2022
(f) Name	Title	Signature	Date

OFFICE OF THE PRESIDENT USE ONLY

Reviewed by Chief of Staff : _____ Date: _____

Handling: _____

Called to pick up: _____ Sent by email to: _____

Mailed to: _____ Sent by email to: _____



TEXAS
EARLY COLLEGE
HIGH SCHOOL

District Name:

Brownsville Independent School District

Campus Name:

Veterans Early College High School

Campus CDC Number:

031901009

2023 - 2024 ECHS Designation Application Assurances

The ECHS designation application must be reviewed and submitted with a signed assurance document by officials from:

- the school district
- an institution of higher education (IHE)

The signatures must be from individuals who are authorized by their local boards to bind the applicant organizations in a legally binding contractual agreement.

By signing the designation application assurance, the district, IHE partner, and business/industry partner assures that they will:

- Meet all the required designed elements as outlined in the ECHS Blueprint
- Work with the TEA assigned technical assistance provider during the school year to develop a plan to meet the outcomes-based measures

Application review prior to signing is strongly encouraged.

Enter the requested contact information below for the following officials.

Authorized School District or Charter Official

<i>Title (Dr., Mrs., Ms., Mr.)</i>	<i>Typed First Name</i>	<i>Typed Last Name</i>
Dr.	René	Gutiérrez
<i>Typed Job Title</i>	<i>Phone</i>	<i>Email</i>
Superintendent	(956) 548-8011	rene.gutierrez@bisd.us
<i>District Name</i>	Brownsville Independent School District	
<i>ECHS Campus Name</i>	Veterans Early College High School	
<i>ECHS CDC Number</i>	031901009	
<i>Authorized School District or Charter Official Signature</i>		
Dr. Rene Gutierrez		
Digitally signed by Dr. Rene Gutierrez DN: cn=Dr. Rene Gutierrez, o=Brownsville ISD, ou=Brownsville ISD, email=rene.gutierrez@bisd.us, c=US Date: 2022.09.20 14:06:28 -05'00'		



District Name:

Brownsville Independent School District

Campus Name:

Veterans Early College High School

Campus CDC Number:

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Application review prior to signing is strongly encouraged.

Enter the requested contact information below for the following officials.

Authorized Institution of Higher Education (IHE) Official		
Title (Dr., Mrs., Ms., Mr.)	Typed First Name	Typed Last Name
Dr.	Jesus Roberto	Rodriguez
Typed Job Title	Phone	Email
President	(956) 295-3399	jroberto.rodriguez@tsc.edu
IHE Name	Texas Southmost College	
ECHS Campus Name	Veterans Early College High School	
ECHS CDC Number	031901009	
Authorized Institution of Higher Education Official Signature		
 Dr. Jesus Roberto Rodriguez (Sep 26, 2022 18:42 CDT)		