



**INNOVATOR PROGRAM
Departmental Approval Form**

Applicant's Name: _____

Department Name: _____

Departmental Approval Name and Title: _____

Office Phone: _____

Email: _____

I approve this applicant's desire to serve as an AHC Innovator, and agree to support and sustain a culture of wellness in my Department. I recognize that the Innovator program is a vital component of OSU's position as America's Healthiest Campus, and acknowledge that the applicant's time spent on Innovator initiatives will be part of his/her normal working hours.

Departmental Approval Signature

Date