



Faculty Senate Resolution

- I. Date
- II. Title:
- III. Background/Rationale for the requested action:
- IV. Action Requested:



Faculty Senate Resolution

Faculty Senate Action

Number of senate members present (must be a quorum): _____

Final vote tally of the senate: For: _____ Against: _____ Abstain: _____

Senate Chair signature: _____ Date: _____

Note: The vote tally will not include a vote from the chair unless it is needed to break a tie

Chancellor Action

Approved as presented

Approved with modifications

Referred to

with comments for improvement

Disapproved

Other

Chancellor's Signature: _____ Date: _____

Provost's Signature: _____ Date: _____

Comments:

If this is an approved policy change:

Emailed to appropriate campus personnel on:

Sent to Human Resources for incorporation into the policy handbook on: