



Standing Committee Action Report

I. Date

II. Title:

III. Background/Rationale for the requested action:

IV. Request for Senate Action:



Standing Committee Action Report

Standing Committee 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

Faculty Senate Response

Approved and presented to the Administration as proposed

Amended and presented to the Administration

Returned to committee with suggestions for modification

Not approved

Chancellor's Signature: _____

Date: _____

Provost's Signature: _____

Date: _____