

Request for Senate Representation

Instructions: Please fill out as completely as possible and email this form to the appropriate Senate President(s) *or* print and place in campus mail. Thank you.

Name of individual making the request: _____

Date of request: _____ Representative(s) requested by date: _____

requested _____

All Senates Academic Senate Classified Senate ASM Senate

Committee Chair: _____

Committee Charge/Duties of representatives:

Desired outcome from this committee:

Service length expected:

Short-term (less than a semester) Academic Year Other (specify) _____

Additional Information: (Special expertise requested, committee member signing powers, etc.)

Possible meeting time (if known): _____