COUNCIL/COMMITTEE REQUEST FORM

Directions: Please send your request to the Office of the President. All requests will be reviewed by ADSOC for approval.

Person Submitting Request			Da	Date	
Name of Council/Committee					
Action Requested:	Add		Delete		Change*
Charge of Council or Committee: Give a concise description of what the council or committee seeks to accomplish.					
Proposed Meeting Schedule:					
division, Dean of Counseling, ASGC Reand not name.	epresentative, Classit	fied R	Representative, d	etc.).	es (Example: Faculty representative from instructional Identify Chair and/or Co-Chair by position
Would any other councils or cor committee? If yes, what would be		icted	I by the form	ation	n, change, or rejection of this new council or
Additional Information:					

^{*}If change is requested, attach current structure and list proposed changes.