

**COMMITTEE NAME
MEETING LOCATION(S)
DATE, TIME**



_____	Member	Faculty Senate Liaison
_____	Member	CECS
_____	Member	CAM
_____	Member	COHP
_____	Member	COLA
_____	Member	ULIB
_____	Member	COS
_____	Member	COEPD
_____	Member	COB
_____	Member	COLA
_____	Member	SOM
_____	Member	SOP
_____	Member	Staff Council
_____	Member	Student Government Association



GUESTS (Please write clearly)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____