



Request for New Committee Form

Please fill out required fields below and submit to the Director of University Accreditation and Policy.

Committee/Council:				
Purpose:				
Roster Structure:				
Roster Rotation Schedule:				
Appointed by:				
Applicable Policy/Strategic Initiative:				
Meeting Schedule:				
Members				
Position	Name	Term Start	Term End	School or Department
Chair				
Member				
Member				

Your Name: _____

Your Signature: _____

Your Supervisor's Name: _____

Your Supervisor's Signature: _____

Today's Date: _____

Committee Effective Date: _____