

SHARED GOVERNANCE MEETING REPORT FORM

ESt. 1949		
Committee (Please Check One):	Meeting Date:	
Academic Affairs Committee	Work Environment Committee	CORE
College Planning Committee	Academic Senate	Budget Committee
Student Services Committee	HR Committee	Curriculum Committee
Other:		
Report Summary: (Please give a brief summary of the	items discussed/actions taken at the n	neeting.)

*MEETING AGENDA/MINUTES DISTIBUTED AT THE MEETING MUST BE ATTACHED TO THIS FORM.

Name: _____

Signature:

Date: