



Classified Senate General Committee Information Form

In order to ensure we have up-to-date information on collegial consultation committees, please fill out this form after the first meeting of the term.

Name: _____ Date: _____

Committee Name: _____

Standing (Permanent) committee

Term Beginning Date: _____ Term End Date: _____

Ad-Hoc (temporary) Committee

Beginning Date: _____ Estimated End Date: _____

Committee Chair(s) Name & Constituency Group (faculty, classified, management)

Committee Purpose: (may attach official description or webpages)

Committee Makeup (# of each campus constituency group members & names)

___ Chair(s): _____

___ Administration: _____

___ Classified: _____

___ Students: _____

___ Faculty: _____

___ Other: _____

Committee Calendar and Meeting Dates/Times: (may include web location or attach calendar if available)
