



AGENDA ITEM REQUEST FORM

Date:

Requester: First Name: Last Name:

Contact Information: Phone (Include Area Code)

E-mail address

Committee Information

*Check one
(Please complete
additional forms
for multiple
requests)*

- | | |
|---|--|
| <input type="checkbox"/> Senate | <input type="checkbox"/> Executive Board |
| <input type="checkbox"/> Election Board | <input type="checkbox"/> Budget |
| <input type="checkbox"/> By-Laws and Constitution | <input type="checkbox"/> Funding Proposal |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Planning and Awards |
| <input type="checkbox"/> Grievance | |

Item Title: Process: For Possible Action
 Information Only

Explain the logistics below, as well as the involvement of ASCSN.

Time: Date: End Date: *(If Applicable)*

Budget: Location:

Description:

Justification:

ASCSN MEMBER APPROVAL Print: Signature: Date:

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Make three (3) copies of this request form and submit one (1) copy to the: (1) Chairperson/ASCSN President, (2) ASCSN Advisor; and (3) for your records. All fields must be completed and typed. Associated supplementary materials must be attached. Incomplete submissions WILL NOT be accepted. ALL FORMS MUST BE SUBMITTED BY 1:00 PM - FOUR (4) BUSINESS DAYS PRIOR TO THE SCHEDULED COMMITTEE MEETING(S) IN ORDER FOR THE REQUEST TO BE PLACED ON THE AGENDA.