

Action/Resolution/Recommendation No. _____

Faculty Senate Routing Form
(Senate Action/Resolution/Recommendation Attached)

I. Item Description

a) Item Title: _____

b) Item Identification (Year-Month-Action number): _____

c) Brief Description: _____

d) Type: Action Resolution Recommendation

e) Initiated by: _____

II. Faculty Senate Action: approved not approved other date: _____

Senate Vote: Yes No Abstain

Comments: _____

Faculty Senate Chair Signature: _____ date _____

Faculty Senate Secretary Signature: _____ date _____

III. Chancellor:

Requested Action:

For information Recognition of receipt
 For Action

Chancellor Action:

approved not approved

Unit/Person Responsible for implementation

Comments: _____

Chancellor signature _____ date _____

Once finalized, copies will be returned to Special Assistant to the Chancellor who will scan and distribute electronically to: Chancellor, Provost, Chair of Faculty Senate, and Secretary of the Faculty Senate. The latter will post the Proposal/Recommendation/Resolution on the Faculty Senate Website.