

**Request for New Committee Form**

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

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_