

**Request for New Committee Form**

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

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