SHARED GOVERNANCE STUDENT REPORT

SPRING 2010

NAME: ___________________________ STUDENT ID: ___________________________

COMMITTEE: _______________________ 

COMMITTEE CHAIR(S): ___________________________

MEETING DATE/TIME/LOCATION: 

ISSUES DISCUSSED: 

ISSUES VOTED ON & OUTCOME: 

ISSUES THAT IMPACT STUDENTS:

Was your opinion respected by all members of the committee?

☐ YES  ☐ NO

Were you provided the necessary material to make an informed decision?

☐ YES  ☐ NO

SIGNATURE  DATE