

EOU FACULTY SENATE RECOMMENDATIONS AND RESOLUTIONS

TITLE: _____

SENATE COMMITTEE/TASK FORCE Date received _____

☐ Recommend approval of attached proposal

☐ Return to sender, resubmit with changes

☐ Denied

Comments:

Chair: _____ Date: _____

FACULTY SENATE Date received _____

☐ Recommend approval of attached proposal

☐ Return to sender, resubmit with changes

☐ Denied

Comments:

Senate President: _____ Date: _____

PROVOST Date received _____

☐ Recommend approval of attached proposal

☐ Return to sender, resubmit with changes

☐ Denied

Comments:

Provost: _____ Date: _____

President: _____ Date: _____