



**ASSOCIATED STUDENTS, INC.**  
California State University, Los Angeles

**Shared Governance Committee Appointee Duty Verification Request Form 2017-18 – Spring Only**

This form is to be used by committee appointees to secure verification that they have satisfied all necessary requirements for the quarter served. Once all verification and signatures are secured, please **submit the documents noted below to the ASI Administrative Office, U-SU Room 203 between 8 am – 6 pm M-F by Friday, May 4th.**

Committee Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cal State LA E-mail: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Semester Served:  Spring **Due: Friday, May 4, 2018**

Incentive Request:  Barnes and Noble Card  
 Visa Card \*\*

Meeting Dates Attended:	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___

My signature below signifies that I have attended required meetings, submitted reports, and actively participated in the process of Shared Governance at Cal State LA ensuring that the student voice was expressed in voice and action.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dear Committee Chairperson,**

This memo serves, as verification that the student committee member above has fulfilled their duties on the stated committee for the semester indicated. Please signify if all requirements were met below:

Satisfied  Not Satisfied  # of meetings this semester: \_\_\_\_\_

COMMENTS (optional): \_\_\_\_\_

Committee Chair: _____ Date: _____
Signature: _____
Name (print)

<b>For ASI Official Use Only:</b>
Amount Approved: <input type="radio"/> \$ 25 per meeting per semester + attendance at ALL SGC meetings
** NOTE: (ASI incurs an activation fee from Visa)
Vice President for Academic Governance: <u>Neyda Umana</u>
Signature _____ Date: _____