

Associated Students, Inc.

California State University, Los Angeles

"...For the Students, by the Students!"

Shared Governance Committee Appointee Duty Verification Request Form 2018-19 - Fall 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 this form and the required documents noted below to the ASI Administrative Office, U-SU Room 203 between 8 am–5 pm M-F by Monday, December 3, 2018. If you have, questions please call 323-343-4778.

Committee Member's Name:			Date:				
Cal State LA E-mail:							_
Committee Name:							_
Semester Served:	Fall	<u>Due:</u> N	Due: Monday, December 3, 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:	Signatur	e:					
Dear Committee Chairperso	on,						
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 attended this semester:							
COMMENTS (optional):							_
Committee Chair:Date: Name (print) Signature:							
For ASI Official Use Only: Vice President for Academi Jacquelyn Acosta Sign				D	ate:		
#Meetings: Amount Approved:\$ \$ 25 per meeting/semester+attendance at SGC meetings ** NOTE: (ASI incurs an activation fee from Visa)							