SENATE ACTION FORM

 _______ Recommendation to Board for placement in Board Policy Manual

 X
 None (sent as * * * * *

 Addinistrative review of Senate ation (unneessarfor information items):

 _______ Reviewed by VPAA/Provost. Check _______ if comments attached

 _______ Reviewed by General Counsel. Check _______ if comments attached

 Presidential action:

 _______ Approve ______ Reject ______ Return to Senate for discussion/modification (comments attached)

 President/Designated Administrative Officer _______

 Date of Board approval (if applicable):

Approval for placement in University Regulations

PLEASE RETURN SIGNED ORIGINAL AND ATTACHMENT TO THE FACULTY SENATE OFFICE, CARTER 2004, BOX 75.

Faculty Handbook for Fall 2020 Return to Campus

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Mask wearing

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