



San Diego Miramar College Governance Committee Recommendations and Routing Form

Synopsis of Committee Recommendation: (Attach text with rationale, such as committee minutes, if applicable)

TIME SENSITIVE? Yes No

1. Rely Primarily: (Check all that apply)

- Curriculum
- Degree and Certificate Requirements
- Grading Policies
- Educational Program Development
- Standards or Policies Regarding Student Preparation and Success
- District and College Governance Structures as Related to Faculty Roles
- Faculty Roles and Involvement in Accreditation Processes
- Processes for Institutional Planning and Budget Development

2. Mutual Agreement: (Check all that apply)

- Policies for Faculty Professional Development
- Processes for Program Review
- Other Academic and Professional Matters as Mutually Agreed Upon

3. Other (please describe): _____#

Recommending Committee: _____ Date: _____ #	Action Needed (briefly describe): #	Committee Chair or co-Chairs: Name: _____ Signature: _____ Name: _____ Signature: _____
Academic Senate Classified Senate Associated Students Miramar Managers CEC	<input type="checkbox"/> Accept <input type="checkbox"/> Reject <input type="checkbox"/> Accept <input type="checkbox"/> Reject <input type="checkbox"/> Accept <input type="checkbox"/> Reject <input type="checkbox"/> Accept <input type="checkbox"/> Reject <input type="checkbox"/> Accept <input type="checkbox"/> Reject	<input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion <input type="checkbox"/> No Opinion
		Date: _____ Date: _____ Date: _____ Date: _____ Date: _____#

PLEASE SEE ATTACHED COMMENTS

Signatures:

Academic Senate President _____
 Miramar College President _____
 Classified Senate President _____
 Associated Student Council President _____

Date _____
 Date _____
 Date _____
 Date _____

Routing #121029-0933 Received by: _____

Date _____

Miramar College Governance Committee Recommendation Reporting Form

Committees make recommendations rather than decisions. The Committee Chair will submit this form and attachments, as necessary, to ensure that each recommendation is forwarded and considered.

Committee Name	Chair	Committee
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Recommendation Topic	Meeting	Date of Committee
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RECOMMENDATION AND EXPLANATION:

Date Submitted To:		Action Taken and Date of Action (discussed, accepted, referred to, etc.)	
/ /	Academic Senate President		/ /
/ /	Associated Student Council President		/ /
/ /	Classified Senate President		/ /
/ /	College President		/ /
/ /	College Executive Committee		/ /