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

Course policies and suggested practices Attendance policies Mask wearing

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