



**University Senate
PROPOSAL FORM**

Name:	
Date:	
Title of Proposal:	
Phone Number:	
Email Address:	
Campus Address:	
Unit/Department/College:	
Constituency (faculty, staff, undergraduate, graduate):	
Description of issue/concern/policy in question:	
Description of action/changes you would like to see implemented and why:	
Suggestions for how your proposal could be put into practice:	
Additional Information:	



Senate Excuse Form

Senator: _____

On/Off Campus: _____

*Please check the one or more of the following reasons, which relates to your absence:

___ Verification of Illness (a doctor's note must be attached to be excused)

___ Family Emergency

___ University Business (A notice must be signed by a university Administrator or Faculty. An official University excuse is valid.)

___ Other: Must be approved by the Chairman of the Senate

*Verification [OFFICE ONLY]

*Verified By: _____

Date: _____

Time: _____

*Verifier Comment:

Sen. Kyndal N. Jones
Student Senate Secretary
Savannah State University

APPROVED BY: Kendall L. Walker
VP of SGA/Chairman of Senate
Savannah State University

Approval Date: _____