

Status: _____

Form: _____



Central Christian College of Kansas

COLLEGE COUNCIL

Date: _____

Title of the Policy/Action: _____

Department Making Request: _____

Proposal: _____

Reasoning: _____

Proposed Start Date: _____

Actions

Date of Action

- **Overseeing Affairs Committee Approval:** _____
- **College Council**
 - **Support:** _____
 - **Approve:** _____
 - **Confer:** _____
 - **Recommendation:** _____
- **Presidential Response**
 - **Affirm:** _____
 - **Refer:** _____
 - **Decline:** _____
- **Board of Trustees**
 - **Sent for Affirmation:** _____
 - **Date Affirmed:** _____

Minutes Attached Below.

