



**Recommendation for the
Board of Governors' Consideration**

Name of Program Advisory Committee

Program Advisory Committee Meeting Date:

Agenda Item #

Chairperson of Program Advisory Committee:

Background:

Motion:

Moved by:

Seconded by:

For BoG Use Only

Approved ____ Not Approved ____ More Info Required ____ Further Action ____

Chairperson's Signature

Revised 09-May-19