**Vice President’s Academic Council Education Council**

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| NAME OF AGENDA ITEM: **Click here to enter text.** *(This will appear on the Agenda. Do not use acronyms)*  Faculty/Department: **Click here to enter text.** Date: **Click here to enter text.** |

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| **SUBMISSION TYPE**: **[Select]**  **Submitted by: Click here to enter text.** *(This person will attend the VPAC/EdCo meeting to speak to the item)*  **Email**: **Click here to enter text.** **Phone No**: **Click here to enter text.** |
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| **Brief Summary of Agenda Item:**  **Click here to enter text.** |

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| **List Attached Document(s):**    **Click here to enter text.** |

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| **Submitted for:**  **Notice of Motion  Approval  Referral  Information**  **NOTE:**  *VPAC approval cycle is one (1) month and EdCo regular approval cycle is two (2) months (Notice of Motion in 1st month; Motion to Approve in 2nd month)*  *For EdCo only* Request for Short-cycle (*Notice of Motion and Motion to Approve at the same meeting;* ***MUST*** *provide rationale):*    Click here to enter text. |
| **Date Presented/Passed at Department**:     Click here to enter text. |
| **Date Presented/Passed at FEC**:     Click here to enter text. |

