



G R O S S M O N T  
C O L L E G E

**College Council Recommendation Form**

**Recommendation Information**

Date of request:

Title of Request:

From:

.....  
Summary of Recommendation/Request:

Expected Outcome:

Committees Consulted & Their Response(s):

Estimated cost if known or applicable:

Source of Funding:

College Council Decision:

Approve

Not Approved

College Council Feedback:

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**Contact Information**

Chair / Co-Chair Contact name:

E-mail address:

Phone number:

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**Return Recommendation Form to Graylin Clavell at [Graylin.Clavell@gccd.edu](mailto:Graylin.Clavell@gccd.edu)**

**[College Council](#)** meets every third Thursday of the Month from 3:00 p.m. to 5:00 p.m. in Griffin Gate.

Choice 1

Choice 2

Choice 3

Choice 12

Choice 11

Choice 10

Choice 9

Choice 8

Choice 7

Choice 6

Choice 5

Choice 4