ARSCNA Proposal Form

Date:
Proposal Number:

Author:
Replaces Proposal:

Proposal:

Intent:

Guidelines and Policy & Procedure Changes:

Additional Context:

******* For Facilitator's Use Only *******

Support ☐ **Support with Reservation** ☐ **Stand Aside** ☐ **Block** ☐

Referred to Groups: ☐ **Yes** ☐ **No**

Referred to Committee ☐ **Point of Contact:** _____

Facilitator Notes: _____

_____

Final Disposition: ☐ **Supported** ☐ **Not Supported**