



PROXY FORM: FOR VOTING MEMBERS ONLY

Bakersfield College Academic Senate

[Voting members are requested to complete this section only if they are not attending the meeting in person or virtually]

Committee Name: _____

Meeting Date: _____

(Print Name of Department / Area You Represent)

I am unable to attend the above meeting and do hereby designate the following person as my proxy for this meeting for both quorum and voting purposes.

(Print Name of Person You Are Assigning Your Proxy To)

Your SIGNATURE: _____ DATE: _____

Print YOUR NAME: _____

Proxies must be signed & dated. Email and/or deliver a copy to the _____ for the committee. BRING THIS COMPLETED FORM to the meeting.