

# Request for Creation/Renewal of a Committee

Trinity School of Medicine Student Government Association

Date: \_\_\_\_\_

Name of Founder(s): \_\_\_\_\_

Contact(s): \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

Proposed Purpose of Committee:

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SGA Officer Signature #1: \_\_\_\_\_

Date: \_\_\_\_\_

SGA Officer Signature #2: \_\_\_\_\_

Date: \_\_\_\_\_

Administration Approval

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_