# **Academic Senate for California Community Colleges**

# **Recognition of Caucus Application**

Academic Senate caucuses are intended to serve as groups of independently organized faculty to meet, network, and deliberate collegially in order to form a collective voice on issues of common concern that caucus members feel are of vital importance to faculty and the success of students as they relate to academic and professional matters.

**Please be advised of the following approval process [approximately two (2) months]:**

1. Submit this form to the ASCCC Office.
2. After the submission of this application form you will be contacted by the Executive Director of the ASCCC notifying you of any problems with your application and when your application will be forwarded.
3. Your application will then be forwarded to the ASCCC Executive Committee for approval (requiring a simple majority vote) at their next regularly scheduled meeting.

RECOGNITION OF CAUCUS FOR FIVE (5) ACADEMIC YEARS: \_\_\_\_\_\_\_ - \_\_\_\_\_\_

Caucus Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \*Caucus Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Email: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_

\*By providing this information you allow your email address to be given to faculty, staff, students, and other persons/groups seeking caucus information.

## **Purpose of the caucus:**

## **Anticipated activities and objectives:**

**\*Caucus Members Section:**

|  |  |  |  |
| --- | --- | --- | --- |
| # | Name | College | E-Mail |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |
| 22 |  |  |  |
| 23 |  |  |  |
| 24 |  |  |  |
| 25 |  |  |  |

\*By providing this information you allow your email address to be given to faculty, staff, students, and other persons/groups seeking caucus information.

**Caucus Contact Section:**

*On behalf of the caucus members, I apply for recognition for our caucus by the Academic Senate for California Community Colleges (ASCCC) and by signing below I certify that I have provided the caucus members with the ASCCC Constitution and Bylaws, specifically the sections regarding caucuses, and the ASCCC Caucus Procedures and Guidelines.*

Caucus Contact (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Committee Section:**

*I certify that Academic Senate for California Community Colleges (ASCCC) has recognized this caucus and has granted them recognition on said date for the academic year indicated above.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Committee Approval Meeting Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASCCC Executive Director Date**