East Carolina University

College of Allied Health Sciences (CAHS)

**Committee:** Click or tap here to enter text.

**ANNUAL REPORT**

Click or tap here to enter text. **Academic Year**

(*4 page limit, please*)

**Membership (***include ex-officio members; if not applicable delete).*

Regular Members: Click or tap here to enter text.

Ex-Officio Members In Attendance (*with vote*): Click or tap here to enter text.

Ex-Officio Members In Attendance (*without vote*):Click or tap here to enter text.

**Meeting Dates** *(include members present. Meeting minutes for each date should be submitted along with this Annual Report).*

***Date:*** Click or tap here to enter text.

***Attendees***: Click or tap here to enter text.

***Minutes are available for this meeting***: Yes or No *(explain):* Click or tap here to enter text.

*(repeat for each meeting held*)

**Subcommittee or *Faculty Council Ad Hoc Committee* established during the year** *(include progress and/or completion of work).*

Click or tap here to enter text.

**Accomplishments during the year.** *Please include recommendations made to any University agency other than the Faculty Council.*

**Business carried over to next year** *(list in priority order).*

**Evaluation of the committee** *(include anything that hindered or assisted the committee's work during the year).*

1. ***Charge:*** 
   1. Appropriate or  Needs Revision
   2. Consistent with the expectations of the committee: Yes or No
   3. Additional Comments: Click or tap here to enter text.

B. ***Personnel:*** Click or tap here to enter text.

C. ***Attendance:*** Click or tap here to enter text.

D. ***Responsibilities:***

1. Appropriate or  Needs Revision
2. Consistent with the expectations of the committee: Yes or No
3. Additional Comments: Click or tap here to enter text.

E. ***Activities:***

1. Productive or Needs Improvement
2. Consistent with the expectations of the committee: Yes or No
3. Additional Comments: Click or tap here to enter text.

**Suggestion(s) to the Chair of Faculty Council for improving the effectiveness of the committee**.

**Does the Committee’s meeting configuration need to be changed next year?**

No or Yes *(explain)*

**Signed:**

Chair:

Vice Chair *(if applicable)*

Secretary

**Date Submitted**:

Please forward the completed, signed **annual report,** and **copies of applicable meeting minutes,** to the Faculty Counical Chair via email, **no later than *May 1st***