**PROFESSIONAL-TECHNICAL ADVISORY/PLANNING COMMITTEE**

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| **Community/Technical College:** | **Date Submitted:** |
| **Committee/Program Title:** | |

Please indicate which type of committee this is:

Program advisory committee  General advisory committee  Ad hoc/planning committee  Other (specify)

Meeting dates for previous year:

Summer  Fall  Winter       Spring

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| **Check Appropriate Column(s)** | | | | **Voting Committee Member Information** | | | |
| Employer  Rep. | Employee  Rep. | JATC  Rep. | Org.  Labor | Name | Job Title | Employer | City of Residence |
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|  |  |  |  | **Non-Voting Committee Member Information** | | | |
|  |  |  |  | Name | Job Title | Employer | City of Residence |
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Please reference these College Advisory Committee Procedures prior to forming your advisory committee – membership requirements are informed by this procedure. <https://www.sbctc.edu/resources/documents/colleges-staff/policies-rules/policy-manual/college-advisory-committee-procedures.pdf>