Executive Leadership Team

Meeting Agenda

NAME OF COUNCIL/TEAM: Executive Leadership Team		
OBJECTIVE OF MEETING:		
DATE: 12/04/2023 **TIME:** 3:00pm	**LOCATION/ROOM #:** ITC General Area **CALL-IN NUMBER:** **CALL-IN CODE:**	
FACILITATOR(S): Lisa Cardoza		
TIMEKEEPER:		
ASSISTANT:		
ATTENDEES:		
SUPPORTING RESOURCES (ITEMS READ IN PREPARATION FOR AND/OR BROUGHT TO MEETING):		
UPDATES AND BRIEF REPORTS		
Topic	**Person(s) Responsible**	**Time Alloted**
Council / Project Team Highlights from Written Reports	Council Leads / Co-Leads	
Constituency Group Highlights from Written Reports	Constituency Group Leaders	
ACTION ITEMS:		
Question	**Person(s) Responsible**	**Time Allotted**
Student Success Council Charter https://docs.google.com/document/d/1yQ7TM9vkwTaxNWG2IqcN6rlgJwRhbe_9iJvFKwsO22k/edit	Student Success Council	
DISCUSSION ITEMS:		
Question	**Person(s) Responsible**	**Time Allotted**
IGOR	Kaitlyn Collignon	
ITEMS FOR FUTURE CONSIDERATION:		
Topic		**Contact Person**
OTHER INFORMATION:		