Faculty Student Association of
DOWNSTATE
DOWNSTATE
HEALTH SCIENCES UNIVERSITY

STUDENT COUNCIL MEETING
ATTENDANCE COVER SHEET

Student Council Name:

Date Meeting Was Held: **Time Meeting was Held:**

Place Meeting Was Held: _____

Print Name of Member or Guest *(can customize to pre-print voting member names)*	Present √	Voting Member (Yes/No)	Signature (if Bylaws permit, when present by proxy, insert name of person holding proxy)
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Use additional sheets if necessary, or continue on reverse side