

SENATOR ACTIVITY FORM

ASUH-HCC form S-8

Name: _____ Date: _____

Senator Position: _____

Event: _____

Event Description: _____

Time: From _____ To: _____

Specific Duties: _____

Facilitator: _____

Facilitator Comments: _____

ASUH-HCC Senator

Date

Facilitator

Date

ASUH-HCC Senate President

Date



ASUH-HCC

Associated Students of the University of Hawaii at Honolulu Community College

EF 1/30/07