

Catholic Campus Ministry, Bucknell University
Committee Member Review Request (CCM FORM 4187)
[Current date]

Individual in Question: *Name and position held*

Reasons for which you believe the individual's actions substantiate a board of review:

Note: By submitting this form to the Advisor you are initiating a formal review of the member's performance on CCM's Ministry Team. This undertaking is not to be taken lightly, but it is understood that such oversight proceedings are necessary to maintain an organization's integrity. You are asked to provide your identity, as you may be called upon to provide further information, though it shall remain in confidence with the Advisor unless you provide permission upon the Advisor's request.

Your Name:

Signature

Date

This form is to be delivered to the CCM Advisor by any means you deem fit.