**SBCTC ADVISORY COMMITTEE ROSTER**

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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  WRT advisory committee  Other (specify)

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| **Check Appropriate Representation Column(s)\*** | | | | **Voting Committee Member Information** | | | |
| Employer | Employee | Labor | JATC | Name | Job Title | Employer | Employer Location (City) |
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|  |  |  |  | **Non-Voting Committee Member Information** | | | |
|  |  |  |  | Name | Job Title | Employer | Employer Location (City) |
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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>

\***Employer**: Bus/Industry Manager; **Employee**: Bus/Industry Employee (non-union); **JATC**: Active regional apprenticeship; **Labor**: Organized/represented labor (union)