

PROPOSED AMENDMENT TO THE SCST CONSTITUTION AND BYLAWS

Name:
Email:
Date submitted:
Purpose of Proposed Change:
Current Bylaw:
Proposed Amendment:

Date sent to Executive Board for Review:

**Executive Board Feedback**

**Approved**     **Rejected**     **Need clarification**    **Date:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete form and email to Constitution and Bylaws Chair, Quinn Gillespie [quinn.f.gillespie@gmail.com](mailto:quinn.f.gillespie@gmail.com)