# Suggested Title:

**Mover Information (Please print.):**

**\*Name**

**\*Email Address**

\*Student Faculty (Please Check one)

\**Required*

**Required for all submissions:**

**Mover\* (Please Print Name):**

**Signature:**

**Seconder\* (Please Print Name):**

**Signature:**

*Amendments should be made by editing the original document from the constitution (if there is an original document) and stapling it to this form with the appropriate signatures.*

Whereas,     ;

Whereas,     ; and

Whereas, ;

Resolved, That the constitution be amended      ;

Resolved, That the constitution be amended      ; and

Resolved, That the constitution be

**For ASBG Constitution Committee Use Only:**

Assigned Resolution #

Submitted on:

Received by:

Reviewed by committee on:

Approved by Committee on: