**Recommendation Form**

**2020-21**

**Legislative Referral Title/Number:** *Title/2020-21- …*

**Date:** *MM/DD/YYYY*

**Authored by:** *(Name, Senate Seat) (Ex: Name, Senator for the College of* **…***)*

**Motion out of Committee**: *(Recommendation/Table Indefinitely)*

**Vote:** *yea-nay-abstention (Ex: 0-0-0)*

**Committee Rec:** *Approved on**MM/DD/YYYY*

**Title:**

**Action:**

(Signature)

**----------------------------**

**Chair** *(Name)*

**(Title)** *(Ex: Senator for the College of …)*