SFANA MOTION FORM

To be completed by motion maker (any voting member of ASC):

Group/ASC Name:	Date:
Motion made by:	Office Held:
Second by:	Office Held:

THE MOTION READS AS

THE INTENT OF MOTION

1. **The motion must be made and seconded by an officer of the ASC.**
2. **Keep it brief and concise language.**

MOTION #			Date submitted:	
Floor Motions: None Amend Table Previous Question Remove from table Refer Withdraw Reconsider/Rescind Substitute				
P&P Review	Referred to Committee	Y N	P&P Review date	
Amends Policy	Y N	Effects Article(s):		
House keeping	Y N	Pros & Cons	For:	PASS
		ASC VOTE	Against:	
Second	Y N	2/3 present to pass	Abstain:	FAIL
Regular Motion	Y N	Pros & Cons	For:	PASS
		GSR only VOTE	Against:	
Second	Y N	2/3 present to pass	Abstain:	FAIL