

**CCCAOE
BOARD REPORT**

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|---------------------------------------|-----------|
| Meeting Date: | Location: |
| Person Submitting Report: | |
| Office/Region/Committee/Organization: | |

SUMMARY of Region Activities (*and include relevance to CCCAOE Workplan*)

New Programs endorsed within the Region (Vice Presidents ONLY)

| College | Program | Degree/Certificate | Contact email |
|---------|---------|--------------------|---------------|
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ACTION REQUESTED:

Please complete and return this form to rmabery@ccaoe.org
NLT seven days prior to the scheduled Board Meeting.