

**CCCAOE
BOARD REPORT**

Meeting Date:

Location:

Person submitting report:

Office/Region/Committee/Organization:

Date submitted:

SUMMARY of Region Activities (and include *Relevance to CCCAOE Work Plan*)

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 boedgin@cccao.org
by seven days prior to the Board Meeting.**