



Enrollment Management Implementation Team

UNIVERSITY
OF HAWAII
HILO

Meeting Date: _____ Meeting Location: _____

Item for Focused Discussion:	Action Steps:	Responsible Person(s):	Due Date
	1.	1.	
	2.	2.	
	3.	3.	
	4.	4.	
	5.	5.	
Items of Concern Identified for Future Discussion:			
Additional Information/Data Needed:			

My Assignment(s) for Next Meeting:

Notes: