PROPOSED NEW POLICY REVIEW FORM

To submit a proposed new policy, review the Policy on Policies. Complete this form, secure appropriate signatures, and send to the appropriate Vice President. Electronic signatures are acceptable.

Instructions

This is a form that can be completed electronically. Type or paste text into the gray areas, which will expand to accommodate it.

1. Make sure you are using the correct form. For revising existing policies, use the Revised Policy Review Form.

2. Date the form.

3. Provide the name of the school, college, or department submitting the policy.

4. Provide the name of a policy author with phone and e-mail address.

5. Describe why the proposed new policy is needed.

6. Provide the name of the proposed new policy.

7. List under Scope who the policy applies to.

8. Copy and paste the proposed new policy text into the gray text box.

9. Add the name(s) of the unit(s) responsible for administering the policy; provide the web address to the home page of the unit(s) web site.

10. List any other school, college, or department that will be affected by the proposed new policy.

11. Add any hyperlinks to online forms, procedures, or other information related to the proposed new policy.

12. Before submitting to the Responsible Officer, secure the signatures of the Department Chair and Dean of the appropriate College.

13. With the signatures, submit to the Responsible Officer in your area.

14. The Responsible Officer will present the proposed policy to the appropriate Senior Administrator for review.

15. Upon endorsement of the policy by the Vice President, the policy will be presented to the Senior Administrator Team for final approval.

16. The Responsible Officer will then submit the paperwork showing approval to the President's Office for the President's final signature and posting on the Policy Repository webpage.

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Date:

Submitting School, College, or Department:

Contact Person Name: **Phone**   **E-mail**

Rationale for Proposed New Policy (Why is it needed?):

Name of Proposed New Policy:

Scope of Proposed New Policy (who it applies to)**:**

Policy Statement:

Policy Administration

Other Departments affected by this policy (if applicable)

Links to Procedures and Related Information

I concur with the submission of this new policy.

_____   _____
Department Chair Signature   Date

_____   _____
Dean Signature   Date

_____   _____
Responsible Officer Signature   Date

I authorize the submission of this new policy.

_____   _____
Senior Administrator Signature   Date

_____   _____
President Signature   Date