

POLICY DELETION REVIEW FORM

To remove an existing 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. For reviewing a policy without making a change, please use the Reviewed Policy with No Change Form.
2. Date the form.
3. Provide the name of the school, college, or department submitting the policy for review.
4. Provide the name of the policy reviewer with phone and e-mail address.
5. Describe why the existing policy is no longer needed and note if the existence of another policy is part of the reasoning.
6. Provide the name of the policy to be removed.
7. Copy and paste the policy text into the gray text box.
8. Before submitting to the Responsible Officer, secure the signatures of the Department Chair and Dean of the appropriate College.
9. With the signatures, submit to the Responsible Officer in your area.
10. The Responsible Officer will present the proposed policy to the appropriate Senior Administrator for review.
11. Upon endorsement of the policy by the Vice President, the policy will be presented to the Senior Administrator Team for final approval.
12. 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.

POLICY DELETION REVIEW FORM

Date:

Submitting School, College, or Department:

Contact Person Name:

Phone

E-mail

Rationale for Removal of Existing Policy (Why is it no longer needed?):

Name of Policy to be Removed:

Policy Statement:

I concur with the removal of this policy.

Department Chair Signature

Date _____

Dean Signature

Date _____

Responsible Officer Signature

Date _____

I authorize the removal of this policy.

Senior Administrator Signature

Date _____

President Signature

Date _____