

REVIEWED POLICY WITH NO CHANGE FORM

To retain an existing policy in its current state, 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 new policies, use the New Policy Review 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. Mark "Yes" or "No" in response to whether or not the policy has been modified and / or updated since the last official revised date. If yes, provide date(s) of previous modification / update.
6. Provide the name of the current policy.
7. Copy and paste the existing 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 existing policy to the appropriate Senior Administrator and President for review.
11. Upon endorsement of the policy by the Vice President, as shown by signature, the policy will be presented to the Senior Administration Team for final approval.
12. The Responsible Officer will then submit the paperwork showing approval to the President's Office for the President's signature and posting on the Policy Repository webpage.

REVIEW POLICY WITH NO CHANGE FORM

Date:

Submitting School, College, or Department:

Contact Person Name:

Phone

E-mail

Has the Reviewed Policy Been Modified and / or Updated Since Last Official Revised Date:

Yes

No

If Yes, Provide Date of Previous Modification / Update:

Current Name of Policy:

Policy Statement:

I concur with the submission of this policy to be retained.

Department Chair Signature

Date

Dean Signature

Date

Responsible Officer Signature

Date

I authorize the submission of this policy to be retained.

Senior Administrator Signature

Date

President Signature

Date