# REVISED POLICY REVIEW FORM

To revise 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 new policies, use the New 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 the need for revision.

6. Provide the name of the policy being revised.

7. Provide the new name if, different.

8. List under Scope who the policy applies to.

9. Copy and paste the current policy text into the gray text box; use track changes to indicate edits.

10. 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.

11. List any other departments that will be affected by the new policy.

12. Add any hyperlinks to online forms, procedures, or other information related to the revised policy.

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

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

15. The Responsible Officer will present the proposed policy to the appropriate Senior Administrator and President for review.

16. 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.

17. 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.

**REVISED POLICY REVIEW FORM**

**Date:**

**Submitting School, College, or Department:**

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

**Rationale for Revision** (Why is it needed?)**:**

**Current Name of Policy:**

**Revised Name of Policy** (if different)**:**

**Scope of 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 revised policy.**

_____        _____
Department Chair Signature                                                       Date

_____        _____
Dean Signature                                                                          Date

_____        _____
Responsible Officer Signature                                                    Date

**I authorize the submission of this revised policy.**

_____        _____
Senior Administrator Signature                                                 Date

_____        _____
President Signature                                                                   Date