

POLICY APPROVAL TRANSMITTAL FORM

Policy Name: _____ Policy No: * _____
 Point of Contact for Policy:(Unit/Name) _____ *Leave blank if new policy

- New Policy Update of Existing Policy Deletion of Policy

Directions:

- Complete the policy approval transmittal form and forward to the president or appropriate vice president with the policy.
- If updating an existing policy, attach a copy showing revisions made to the current policy. To show revisions, strike out what is to be deleted and underline and bold additions to the policy. Attach a strike-out version as well as a clean copy.
- Submit a new policy in policy format as shown in policy 1.100.
- E-mail an electronic copy to the president's or appropriate vice president's assistant.

Area of Responsibility (choose one):

- President Provost/VP for Academic Affairs VP for Student Affairs VP for Finance and Admin.

Legal Review Required? Yes No Date completed: _____

SBOE Approval Required? Yes No Date completed: _____

Post to: Policy and Procedure Manual Other _____

Faculty Senate Use Only

Date of Full Senate Approval: _____ Date sent to Provost: _____

Faculty Senate Chair Signature: _____

Review & Recommendation:

	Approved	Not Approved	Revision Suggested	Initials	Date
Provost/VP for Academic Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
VP for Student Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
VP for Finance & Admin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other Coordinating Offices:					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If revisions are suggested, forward the recommendations to the President or responsible Vice President. If revisions are made, a new draft will be distributed for review.

Comments:

President's Use:

- Approved
 Not Approved _____
Signature **Date**

Administrative Services Office Use Only

Date Received _____

Policy Manual Updated Date: _____

Policy Tracking Document Updated Date: _____

Other _____ Date: _____

SBOE Agenda Submission Date: _____ SBOE Approval Date: _____