Form Revised 9/24/13

**Academic Policy Proposal**

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| **INITIATING GROUP / UNIT**: CAS ❑ CPA ❑ LAW ❑ MSB ❑ UFS ❑ Office of the Provost ❑ |
| **CONTACT NAME: PHONE:**  |
| **POLICY TITLE:**  |
| **APPLIES TO:** CAS ❑ CPA ❑ LAW ❑ MSB ❑ |
| **SPECIFIC PROGRAM** (if applicable):  |
| **PROPOSED IMPLEMENTATION DATE / SEMESTER**:  |

**I. Statement of Purpose**

**II. Current Policy** (If proposal is a revision or discontinuance) It can be attached if lengthy. Include date of original adoption if available.

**III. Proposed Policy** (including authority for policy waiver, exclusions, or sanctions, if any) can be attached if too lengthy for this space.

**IV. Other** (who was consulted, definition of terms, etc.)

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| **V. Approval Signatures** | **Date** |
| A. College/School Dean(s)  | CAS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LAW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B. Academic Policy Review Committee  (UFS subcommittee)  | Chair: |  |
| C. University Faculty Senate | Chair: |  |
| D. Provost and Senior Vice President for Academic Affairs (or designee) |  |  |
| E. AG’s Office (as required) | Signature not required. If AG review is necessary, the date of approval will be added by the Policy Coordinator. |  |
| F. President (as required) |  |  |
| G. Board of Regents (as required) | Signature not required. If BOR review is necessary, the date of approval will be added by the Policy Coordinator. |  |

For assistance, contact the policy coordinator in the Office of the Provost (x5243 or 5244).