Form Revised 1/28/20

**Academic Policy Proposal – Policy for One Program or School/College (includes admission policies)**

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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 too 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.

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

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

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| **IMPACT SIGNATURES**  Signatures  |  DATE |
| Admissions – FOR ADMISSIONS POLICIES ONLY[ ]  No impact [ ]  Impact statement attached | AVP or designee: |  |
| Records – FOR ALL ACADEMIC POLICIES[ ]  No impact [ ]  Impact statement attached | Registrar or designee: |  |

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| **V. Approval Sequence**  Approval Signatures | **Date** |
| 1. Program faculty (as required)
 | Program Director: |  |
| B. School/College Committee (as required) | Chair: |  |
| C. School/College Faculty Senate (as required) | Chair: |  |
| D. College/School Dean(s)  | CAS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LAW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E. Provost and Senior Vice President for Academic Affairs (or designee) |  |  |
| F. AG’s Office (as required) | Signature not required. If AG review is necessary, the date of approval will be added by the Policy Coordinator. |  |
| G. President (as required) |  |  |