

POLICY CREATION / REVISION FORM

New Policy

Revision of Policy # _____

Effective Date if different than approval date: _____

Policy Title: _____

Reviewed By:	Recommendations/Notes
VP of _____	
VP of _____	
Other: _____	
Other: _____	
Faculty Senate	
Provost's Council	
Leadership Team	
Board of Trustees	

Provost
Approval _____

Date _____