Policy changes must be reviewed and approved by appropriate offices and/or stakeholders. This form may be used in lieu of, or in addition to, minutes of meetings where the proposed policy was reviewed and approved by appropriate staff. A **rationale** for this policy change must be **attached** to this document.

|  |  |
| --- | --- |
| **Current Policy:** |  |
| **Proposed Policy:** |  |
| **Effective Date:** |  |
| **How often will this policy be reviewed?** |  |

Considerations prior to proposing a policy change.

* How well the policy meets the department’s/unit’s needs
* Time frame for implementing the policy
* Impact of the policy on students, employees, and the University
* Potential adverse impacts of a policy (Does fixing this problem create a new one?)
* Cost implications
* Ease of implementation
* Legal considerations
* Inter-departmental impact (Does the policy affect the work of other departments and/or does the policy need to come from a group of inter-related departments?)
* Consistency with other relevant institutional, state, and federal policies

I have considered the factors listed above and agree with the policy change.

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Policy Initiator Department Date

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\*Policy Reviewer Department Date

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\*Policy Reviewer Department Date