**Mississippi Valley State University**

**POLICY CHANGE REQUEST FORM**

**Date:**

**Requestor:**

**Department:**

**Effective Date:**

|  |  |
| --- | --- |
| **Current Policy (if applicable)** | **New Policy** |
|  |  |

Attach rationale for the change.

Initiator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Initiator’s Role: □ Department Chair-with faculty approval, □ General Education Committee Chair, □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| --- |
| This □**IS** □ **IS NOT** a SACS-COC Substantive Change. Substantive Changes will require SACS-COC notification and/or approval.  SACS Accreditation Liaison\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

□ APPROVED □DISAPPROVED

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Curriculum Committee Chair Date

*Rationale if Disapproved:*

□ APPROVED □DISAPPROVED

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Vice President for Academic Affairs Date

*Rationale if Disapproved:*

APPROVED □DISAPPROVED

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President Date

*Rationale if Disapproved:*