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| **Date:** |  |
| **Initiator:** |  |
| **Initiator’s Title:** |  |
| **Department:** |  |

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| **Current Policy:**  |  |
| **Proposed Policy:****(Attach a rationale, supporting documents.)** |  |
| **Effective Date of Proposed Policy:** |  |

**Approvals**

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

 *This policy has been reviewed and approved by appropriate offices and/or stakeholders.*

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