Please note: The text of the policy must accompany this form. If this is a revised policy, a tracked version of changes as well as a clean version must be included. For definitions, please see Policy on Policies, <http://aua.am/policies/#?id=499>

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| Policy Name: | | | | Policy Number \**(for existing policies):* *\* Policy Numbers for new policies are assigned by the Institutional Research Office* | |
| Category *(choose only one)* | | Academic  Administrative  Admissions  Financial   General  Human Resources  Information Technology   Institutional Advancement  Library | | **Approval Type:** (choose only one):  \*New Policy  \*\* Revision  Revocation  *\* Includes policy name changes and policies which combine existing policies or separate existing policies*  *\*\* Includes revisions to incorporate undergraduate launch* | |
|  | *If New Policy does this policy replace, combine or separate existing policies?* Yes  No  *If yes, which policies?*  *(Please note that if this policy replaces, combines, or separates an existing policy or policies, or changes the name, a separate policy approval form must be completed and approved indicating which policy(ies) should be revoked.* | | | | | |
| Related Documents. Are there any other documents related to this policy Yes  No  *(An example of a related document would be the Petition to Withdraw form for the Withdrawal and Readmission Policy.)* If yes, please include a copy of the document and the URL for the document with this form. | | | | | |
| Policy rationale. (Provide a brief explanation of why this policy or proposed changes are necessary. Please include a short explanation about the expected impact on stakeholders as a result of this change.) | | | | | |
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| Official Responsible for Review. | | | | | |
| Name | | | Entity / Title | | Date of Initiation *MM/DD/YYYY* |
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| Policy Initiator (ONLY if different than Official Responsible for Review): The Policy initiator is any faculty, staff, or student who identifies a university-level issue and develops a policy proposal. | | | | | |
| Name | | | Title | | Date of Initiation  *MM/DD/YYYY* |
|  | | |  | |  |
| Stakeholder Review. History of Review *(add rows as necessary)* | | | | | |
| **Stakeholder entity/forum and Action**  *For Example: Faculty Senate. Endorsed* | | | **Name, Title, Signature of responsible person, Date of signature**  *Hagop Hagopian, Signature, MM/DD/YYYY* | | **Date of Review**  *MM/DD/YYYY* |
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| Scope. Identification of parties governed by this policy. (Who must adhere to this policy?) | | | | | |
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| Distribution list (Who should receive notification of this policy?) | | | | | |
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| Approvals *(This does not include the Executive Committee, which indicates approval in the Final Approval section below.)* | | | | | |
| **Entity/forum**  ***For Example: Faculty Senate.*** | | **Title, Name of responsible person, Signature. Date of signature**  ***Hagop Hagopian, Chairperson, Signature, MM/DD/YYYY*** | | | **Date of Approval**  ***MM/DD/YYYY*** |
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| BEFORE seeking Final Approval by the Executive Committee, submit this form to the IRO for review of stakeholder involvement and necessary initial approvals. | | | | | |
| Final Approval (This section must be completed and signed by an Executive Committee member) | | | | | |
| Policy Type: Mark one  This policy is approved with stakeholder involvement.  This policy is an executive order.Mark one  Forward this policy to the IRO for archiving and publication. Return this policy to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for consideration of the following (describe below): | | | | | |
| Responsible Executive Committee Member Name and Title | | | Signature | | Date of Signature (MM/DD/YYYY) |
|  | | |  | |  |
| Date of Final Approval (MM/DD/YYYY) | Policy Effective Date (MM/DD/YYYY) | | Date of Next Review *if known*  (MM/DD/YYYY) | Policy administrator (Entity/Title responsible for administering policy, **for new policies**) | |
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| *For IRO Use only* | |
| Date of Initial Receipt (MM/DD/YYYY) | Date of Review for completion (MM/DD/YYYY)Initials of the IRO staff member who reviewed for completion: |
| Date Policy is Archived (MM/DD/YYYY) | If a new policy, indicate policy number assigned: |
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