



POLICY APPROVAL FORM

Policy Name:

Policy Owner:

General Information:

Consultation with appropriate University employees and groups:

Required Approvals:

Department Head:

Signature

Date

AVP/

Associate Provost:

Signature

Date

Divisional VP/Provost (if applicable):

Signature

Date

Faculty Committee Chairperson

Signature

Date

General Counsel:

Signature

Date

The approvals listed above are required before Cabinet review.

President's Office:

Signature

Date

Office of University Communications:

Signature

Date