



NEW/REVISED POLICY PROPOSAL FORM

Instructions: Fill in blank cells or as otherwise instructed. Submit proposal to University Chief Academic Officer for consideration. Please note, fill in form in its entirety or form will be returned for completion prior to review.

| | | |
|-----|---|--|
| 1. | Name of policy proposed: | |
| 2. | Date: | |
| 3. | Name of program/committee submitting: | |
| 4. | Name of individual submitting: | |
| 5. | Policy statement (write policy proposed): | |
| 6. | Describe what issue this policy is addressing: | |
| 7. | Describe how proposal supports program mission: | |
| 8. | Describe how proposal supports University mission: | |
| 9. | To whom does the policy apply: | |
| 10. | What office implements and administer policy: | |
| 11. | Describe specific procedures required to implement this policy. Add attachment if needed: | |
| 12. | What are the proposed consequences for non-compliance: | |
| 13. | Under what circumstances will exceptions be allowed: | |
| 14. | Does the policy meet CCNE; ACICS; ACPE; WASC and program accreditation criteria? Please address specifics: | |
| 15. | Does this policy meet state, regulatory, licensing bodies, etc. in regards to being in compliance? Please address specifics: | |
| 16. | Impact of the policy on non-academic areas of the University (admissions-budget-financial aid-cost to University program): | |
| 17. | Have discussions regarding this policy taken place with impacted stakeholders? Is there agreement and support: | |
| 18. | What are the recommended documents or publications that will need to include this policy (e.g. Catalog, Enrollment Agreement, Faculty Handbook, etc.)? How will the policy need to be communicated: | |
| 19. | Proposed effective date: | |

Leave blank for Administrative Response:

This policy reviewed by **Chief Academic Office on:** _____
Date

Recommended for review by University President:

Return to submitting group for further review ----- see notes that follow:

Policy not recommended for the following reasons:

Chief Academic Officer

The Policy reviewed by **President on:** _____
Date

Return to submitting group for further review ----- see notes that follow:

Policy not recommended for the following reasons:

Policy approved: _____
Date

Policy needs review by Governing Board ---- see notes that follow:

AUHS President

The Policy reviewed by **Governing Board on:** _____
Date

Return to submitting group for further review ----- see notes that follow:

Policy not recommended for the following reasons:

Policy approved: _____
Date