

POLICY CHECKLIST

To be submitted with the policy as presented at Cabinet

Initiating party: _____ Date: _____
(person who initiated the policy change, project leader)

Originating Department/Office: _____

Policy name: _____

New Policy: _____ Amended Policy: _____ Rescinded Policy: _____

Brief summary of changes to policy:

- Is the policy an existing policy? ___ Yes ___ No
 - If so, when was the last time it was revised? _____
 - When will the new policy or amended policy go into effect? _____
 - Is the policy a "University" policy requiring Board approval? ___ Yes ___ No
- Is the policy in the appropriate format (1.5 margins, 12 pt Times New Roman, Spaced paragraph in outline form, etc.)? ___ Yes ___ No
- Has the policy been reviewed by the appropriate executive officer? ___ Yes ___ No
- Has the policy been approved by the appropriate executive officer? ___ Yes ___ No
- Has the policy been submitted to General Counsel for review? ___ Yes ___ No
- When will the policy be presented to President's Cabinet? Date _____
 - Approval required by the President's Cabinet (University)? ___ Yes ___ No
 - Review required by the President's Cabinet (Administrative)? ___ Yes ___ No
- Is the policy in its final format? ___ Yes ___ No **(if "no" is marked for final question, then do not submit to Board Secretary and such policy will not go to the Board for action/information)**

Additional comments by reviewers:

Final Approval received from:

Executive Officer Date

Initiating party Date