

REQUEST FOR POLICY REVIEW

Please complete this form and submit it to the Office of the President for inclusion on the Planning Council Agenda.

Submitted By			Date
Legal Review			Initials
	Not Applicable		
Purpose of this Review			I
☐ Add a Policy ☐ Revise a P	olicy \Box Delete a Policy \Box	Other:	
Provide the text of the new policy. If this request is for a revision, provide previous policy text with mark ups on a separate sheet.			
Provide the reason and justification for req	uest.		
Describe the impact of this request (cost, legal ramifications, etc.)			
Planning Council Review			
First Reading	Second Reading		Third Reading
Status	Vote		Date
☐ Approved ☐ Denied			
Policy Manual & Webpage Update			
Policy Number Date Posted		Date Posted	
Departmental Procedure Page Update			
☐ Yes ☐ No ☐ Not Applicable			

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