

This completed form must accompany all new or revised policies submitted for review and approval.

This section to be completed by the unit policy contact.

Pol	licy	Information	

Policy Name:	Unit:
Contact:	Policy Type: (New or Revision)
Why is the new or revised policy being proposed?	
If revising an existing policy, summarize the proposed cha	anges.
Existing Policy Review	
New and revised policies must be consistent with Board Byl System campuses. Explain which rules and/or policies from proposed new or revised policy. Attach additional documen	
Board/Chancellor Rules and/or Bylaws The proposed policy is consistent with Board Bylaw rules and pronouncements. Comments:	ws, Board Rules and pronouncements, and Chancellor
UAB Policies UAB Policies have been considered in the develop Comments:	ment of the proposed policy.
UAH Policies UAH Policies have been considered in the develop Comments:	ment of the proposed policy.

Other UA Policies have been considered in the development of the proposed policy. Comments:			
External Reviewers			
list below and attach documentation of any feedback received in the supervisory administration. Include input reced departments, or divisions.			
University Counsel University Counsel has been consulted in the devel Comments:	lopment of the proposed policy.		
Affected Constituencies, Departments, or Divisions: Affected constituencies, departments, or divisions policy. Groups contacted are named below. Comments:	have been consulted in the development of the proposed		
Additional Information Please provide any additional information that should be con	nsidered in the review of this policy.		
This section to be com	pleted during review.		
Policy Manager	Dean/Director		
University Counsel	Chancellor's Designee		
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Other Related UA Policies