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| --- | --- |
| **Policy Title: Click here to enter text** | **Effective Date: Enter Date**  |
| **Policy Number: Coordinator will assign**  | **Date of Last Review: Enter Date** |
| **Oversight Department: Click here to enter text** | **Next Review Date: Enter Date**  |

1. **PURPOSE**

Click here to enter policy name (italicized), text on subject of the policy, and what it is trying to accomplish, in one or two brief sentences, if possible.

1. **APPLICABILITY**

Click here to enter text- To whom does the policy apply (board members, administrators, faculty, staff, students, visitors, etc.)?

1. **DEFINITIONS**

Click here to enter text on words that might be confusing, have different possible meanings, or are being used in a specific way.

1. **POLICY**

Click here to enter text-Each policy statement should be phrased separately in paragraph outline format (A, B, C, etc.) of one sentence, if possible.

1. **PROCEDURES**

Click here to enter text-Each procedure statement should be phrased separately in paragraph outline format (A, B, C, etc.) of one sentence, if possible.

1. **EXCLUSIONS**

Click here to enter text.

1. **APPENDICES**

Click here to enter text.

1. **REFERENCES**

Click here to enter text on supporting documentation, code, regulations, etc.

1. **INTERPRETATION**

The authority to interpret this policy rests with the President of the University and is generally delegated to the (appropriate Vice President).

1. **APPROVAL AND REVISIONS**

The President of the University and the President’s Cabinet have approval authority over this policy and all subsequent revisions.

Click here to enter text on history of policy, including prior revisions.

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**Bret Danilowicz, Ph.D., President *(signature)***

**For questions or guidance on a specific policy, contact the Oversight Department referenced in the policy.**