**UCC POLICY SUBMISSION FORM**

|  |  |
| --- | --- |
| DATE: | Click here to enter text. |
| CONTACT NAME: | Click here to enter text. |
| DEPARTMENT: | Click here to enter text. |
| EMAIL: | Click here to enter text. |
| PHONE: | Click here to enter text. |
|  |  |
| CHOOSE ONE |  |
| [ ]  POLICY | [ ]  New Addition |
|  |  Proposed Title:  |
|  |  Reason:  |
|  | [ ]  Modification Existing Policy # |
|  |  Reason:  |
|  | [ ]  Deletion Existing Policy # |
|  |  Reason:  |
|  | [ ]  Reviewed – No Changes Needed |
| [ ]  ADMINISTRATIVE PROCEDURE |
|  | [ ]  New Addition |
|  |  Proposed Title:  |
|  |  Reason:  |
|  | [ ]  Modification Existing Policy # |
|  |  Reason:  |
|  | [ ]  Deletion Existing Policy # |
|  |  Reason:  |
|  | [ ]  Reviewed – No Changes Needed |
| ***This submission needs to be approved by your Division Vice President or Director.*** |
|[ ]  **By checking this box, I acknowledge this policy submission.** | **Date: Click here to enter text.** |
|  | **Name:**  **Title:**   |

Email this form and a draft of the new wording for the policy or administrative procedure (if applicable) to: Robin.VanWinkle@umpqua.edu

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| --- |
| ***For Committee Use:*** |
|  |  Date Received |
|  |  Policy Committee Review & Approval |
|  |  College Council Review & Approval |
|  |  President’s Review |
|  |  Board Approval (Policies Only) |

**POLICY / ADMINISTRATIVE PROCEDURE REVISION FORM**

**Complete for Revisions Only**

|  |  |
| --- | --- |
| **Policy Number:** |  |
| **Administrative Procedure Number:** |  |
| **Title:** |  |
| **Revision Date:** |  |
| **Current Policy / Procedure** | **Proposed Policy / Procedure** |
|  |  |