**UCC POLICY SUBMISSION FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | |  | | | | | |
| Contact Name: | |  | | | | | |
| Department: | |  | | | | | |
| Email: | |  | | | | | |
| Phone: | |  | | | | | |
|  | | | | | | | |
| **(CHOOSE ONE)** | | | | | | | |
| **ADMINISTRATIVE POLICY** | | | | | | | |
| New Addition | | | | | | | |
| Proposed Title: | | | |  | | | |
| Reason: | | | |  | | | |
| Modification | | | | | | | |
| Existing Policy # | | | |  | | Existing Title: |  |
| Reason: | | | |  | | | |
| Deletion | | | | | | | |
| Existing Policy # | | | |  | | Existing Title: |  |
| Reason: | | | |  | | | |
| Reviewed – No Changes Needed | | | | | | | |
|  | | | |  | |  |  |
| Existing Policy # | | | |  | | Existing Title: |  |
|  | | | | | | | |
| **ADMINISTRATIVE PROCEDURE** | | | | | | | |
| New Addition | | | | | | | |
| Proposed Title: | | | |  | | | |
| Reason: | | | |  | | | |
| Modification | | | | | | | |
| Existing Policy # | | | |  | | Existing Title: |  |
| Reason: | | | |  | | | |
| Deletion | | | | | | | |
| Existing Policy # | | | |  | | Existing Title: |  |
| Reason: | | | |  | | | |
| Reviewed – No Changes Needed | | | | | | | |
|  | | | |  | |  |  |
| Existing Policy # | | | |  | | Existing Title: |  |
|  | | | | | | | |
| ***This submission needs to be approved by your respective Dean, Director, or CFO.*** | | | | | | | |
| **By checking this box, I acknowledge this policy submission. Date:** | | | | | | | |
| 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](mailto:Robin.VanWinkle@umpqua.edu) | | | | | | | |
|  | | | | | | | |
| ***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 |
|  |  |