University of Oregon

**Policy Statement Development Form**

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| --- |
| **Policy Title:**  |
| **Responsible University Office:** |
| University Office: |  |
| Office Website URL: |  |
| Policy Owner: |  |
| Email: |  |
| Phone: |  |
| **DATE**:  |
| **Policy Concept Form:** The policy concept form was approved by the Senior Vice President and Provost on the following date: **NOTE: Policy development may not proceed until the policy concept has been approved.** |
| **Preamble**:  |
| **Reason for Policy**: |
| **Definitions**: |
| **Policy Statement**: |
| **Exclusions and Special Situations**: |
| **Procedures**: |
| **Forms/Instructions/Regulations**: |
| **Who is Governed by this Policy:**(Please mark all that apply by double clicking on box)[ ]  Faculty[ ]  Officers of Administration[ ]  Students[ ]  Staff[ ]  Other:       |
| **Who Should Know this Policy**: |
| **Cross Reference to Related Policies**: |
| **Related Documents**: |
| **Frequently Asked Questions**: |
| **Revision/Development History**: |
| **Organizational Category:** (Please mark **only** one by double clicking on box)[ ]  Administration and Governance[ ]  Academic and Curricular[ ]  Human Resources[ ]  Facilities[ ]  Students | [ ]  Finance and Business Affairs[ ]  University Relations[ ]  Health and Safety[ ]  Research[ ]  Information Technology[ ]  General |

**POLICY CONSULTATION AND REVIEW**

Consultation and review by the following individuals or groups:

|  |  |
| --- | --- |
|  | Date:  |
| Vice President or Sr. Vice Provost of:  |  |
|  | Date:  |
| General Counsel |  |
|  | Date:  |
| Senior Vice President and Provost |  |
|  | Date:  |
| University of Oregon Senate President |  |
|  | Date:  |
| Click here to add Name or Group |  |

**APPROVED BY:**

|  |  |  |
| --- | --- | --- |
| President or Designee |  |  |
|  | Signature | Date |

**POLICY EFFECTIVE DATE:**

**ASSIGNED POLICY NUMBER:**