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 |

**University Policy Statements are interpreted in the context of University of Oregon Board of Trustees Policies, State of Oregon Law, and Federal Law.**

**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:**