**University of Oregon**

**Policy Statement Update Form for Minor Revisions**

**Instructions**: Highlight or attach a markup copy tracking changes from previous version. When a box [ ]  appears, double check on it to select.

|  |
| --- |
| **Policy Title:**  |
| **Responsible University Office** |
| University Office: |  |
| Office Website URL: |  |
| Policy Owner: |  |
| Email: |  |
| Phone: |  |
| **Date:**  |
| **Policy Number:**      **Note**: If the update contains considerable changes, it may be deemed a substantive policy change by the Office of the Senior Vice President and Provost and require the same process as do initial policies.***Do not use this form for substantive changes.*** |
| **Reason for Update:**   |
|  **Preamble:** [ ]  No change |
| **Reason for Policy:** [ ]  No change |
| **Definitions:** [ ]  No change |
| **Policy Statement:** [ ]  No change*Please highlight or attach a markup copy tracking changes from previous version.* |
|  **Exclusions and Special Situations:** [ ]  No change |
| **Procedures:** [ ]  No change |
| **Forms/Instructions/Regulations:** [ ]  No change |
| **Who is Governed by this Policy:** [ ]  No change(*Please mark all that apply by double clicking on the box*)[ ]  Faculty[ ]  Officers of Administration[ ]  Students[ ]  Staff[ ]  Other:       |
| **Who Should Know this Policy:** [ ]  No change |
| **Cross Reference to Related Policies:** [ ]  No change |
| **Related Documents:** [ ]  No change |
| **Frequently Asked Questions:** [ ]  No change |
| **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 | [ ]  No change[ ]  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.**

**REVIEW AND APPROVAL**

**Responsible Office:**

|  |  |  |
| --- | --- | --- |
|  |  | Date:  |
| **Policy Owner** |  |  |
|  |  |  |
|  |  | Date:  |
| **Vice President or Sr. Vice Provost** |  |  |
|  |  |  |
|  |  | Date:  |
| **Senate President** |  |  |

[ ]  **CHANGES ACCEPTED**

[ ]  **CHANGES DEEMED SUBSTATIVE AND MUST BE RESUBMITTED.**

Office of the Senior Vice President and Provost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SignatureDate

**POLICY UPDATE EFFECTIVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**