**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**