

Policy Cover Sheet

NOTE: This form should be completed prior to introducing a new policy or a policy with **significant** revisions to the Policy Advisory Committee as the official cover sheet to accompany the policy through the policy review process. Please consult [Administrative Policy MAPs 01.A.01](#) for additional information or email ZellnerS@uhcl.edu with questions.

Area:

(Please mark one)

Academic Affairs & Provost
Administration & Finance
Student Affairs
UHCL Pearland

University Advancement
Strategic Planning
Strategic Enrollment Management

Policy Title:

(If existing policy, link old policy and include policy number)

(Select One)

Review Requested:

New Policy

Revision to Existing Policy

No Changes - 3 or 5 year review

**Responsible Person /
Subject Matter Expert:**

Contact No:

Requested by (date):

Date Submitted:

**Rationale for new
policy / revision to
existing policy (attach
more pages as needed)**

ATTACHMENTS:

MS Word Version of the Policy or Red
line Version for a revision

Record of Changes Form ([click here](#))

POLICY CHECKLIST:

VP Review

Date Submitted:

General Counsel Review (Policy must be
emailed by VP with ZellnerS@uhcl.edu cc'd)

Date Submitted:

PAC Review

Date Submitted: