**UCC POLICY SUBMISSION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE: | | Click here to enter text. | |
| CONTACT NAME: | | Click here to enter text. | |
| DEPARTMENT: | | Click here to enter text. | |
| EMAIL: | | Click here to enter text. | |
| PHONE: | | Click here to enter text. | |
|  | |  | |
| CHOOSE ONE | |  | |
| POLICY | | New Addition | |
|  | | Proposed Title: | |
|  | | Reason: | |
|  | | Modification Existing Policy # | |
|  | | Reason: | |
|  | | Deletion Existing Policy # | |
|  | | Reason: | |
|  | | Reviewed – No Changes Needed | |
| ADMINISTRATIVE PROCEDURE | | | |
|  | | New Addition | |
|  | | Proposed Title: | |
|  | | Reason: | |
|  | | Modification Existing Policy # | |
|  | | Reason: | |
|  | | Deletion Existing Policy # | |
|  | | Reason: | |
|  | | Reviewed – No Changes Needed | |
| ***This submission needs to be approved by your Division Vice President or Director.*** | | | |
|  | **By checking this box, I acknowledge this policy submission.** | | **Date: Click here to enter text.** |
|  | **Name:**  **Title:** | | |

Email this form and a draft of the new wording for the policy or administrative procedure (if applicable) to: [Robin.VanWinkle@umpqua.edu](mailto:Robin.VanWinkle@umpqua.edu)

|  |  |
| --- | --- |
| ***For Committee Use:*** | |
|  | Date Received |
|  | Policy Committee Review & Approval |
|  | College Council Review & Approval |
|  | President’s Review |
|  | Board Approval (Policies Only) |

**POLICY / ADMINISTRATIVE PROCEDURE REVISION FORM**

**Complete for Revisions Only**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Policy Number:** | | |  | | | |
| **Administrative Procedure Number:** | | | |  | | |
| **Title:** |  | | | | | | |
| **Revision Date:** | |  | | | |
| **Current Policy / Procedure** | | | | | **Proposed Policy / Procedure** | | |
|  | | | | |  | | |