**UCC POLICY SUBMISSION FORM**

|  |  |
| --- | --- |
| Date: |  |
| Contact Name: |  |
| Department:  |  |
| Email:  |  |
| Phone:  |  |
|  |
| **(CHOOSE ONE)** |
| [ ]  **ADMINISTRATIVE POLICY** |
|  [ ]  New Addition |
|  Proposed Title:  |  |
|  Reason:  |  |
|  [ ]  Modification |
|  Existing Policy # |  | Existing Title: |  |
|  Reason:  |  |
|  [ ]  Deletion |
|  Existing Policy # |  | Existing Title: |  |
|  Reason:  |  |
|  [ ]  Reviewed – No Changes Needed |
|  |  |  |  |
|  Existing Policy # |  | Existing Title: |  |
|  |
| [ ]  **ADMINISTRATIVE PROCEDURE** |
|  [ ] New Addition |
|  Proposed Title:  |  |
|  Reason:  |  |
|  [ ]  Modification |
|  Existing Policy # |  | Existing Title: |  |
|  Reason:  |  |
|  [ ]  Deletion |
|  Existing Policy # |  | Existing Title: |  |
|  Reason:  |  |
|  [ ]  Reviewed – No Changes Needed |
|  |  |  |  |
|  Existing Policy # |  | Existing Title: |  |
|  |
| ***This submission needs to be approved by your respective Dean, Director, or CFO.*** |
| [ ]  **By checking this box, I acknowledge this policy submission. Date:**  |
| 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 |
|  |
| ***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 |
|  |  |