

Full Name:	_____
Responsible Office:	_____
Email:	_____
Phone:	_____
Date:	_____
Check One:	<input type="checkbox"/> Proposal for new AUP policy (see A below). <input type="checkbox"/> Proposal to revise existing AUP policy (see B below).

(A) Proposal to create new AUP policy:

1. **PURPOSE**
A concise summary (approximately 3-5 sentences) of the overall reason for the policy, including specific regulations, if appropriate.
2. **WHO IS AFFECTED BY THIS POLICY**
To whom the policy applies and under what conditions: students, staff, faculty, and/or visitors.
3. **LEGAL CONTEXT OR REGULATORY BODY**
Examples include but are not limited to The Department of Education, French law, United States law, Middle States Commission on Higher Education policies, etc.
4. **POLICY STATEMENT**
The full text of the policy, including detailed information about the purpose of the policy and details about the policy components. When appropriate, include procedures or steps to accomplish the policy and instructions for reporting and resolving noncompliance with the policy.
5. **RESPONSIBILITIES**
The AUP offices or individuals referenced in the policy and their roles and responsibilities specific to the policy.
6. **DEFINITIONS**
Key terms critical to the understanding and compliance of the policy.
7. **ISSUING OFFICE AND CONTACT**
The office or department that issued the policy and a staff member or position title responsible for the policy.
8. **TIMELINE AND COMMUNICATION/IMPLEMENTATION PLAN**
Describe steps for communicating and implementing the policy, including responsible parties. Issuing offices review policies every 3 years. If this policy should be reviewed or retired before the 3-year default date, specify the desired review date and reasons.
9. **ENDORSEMENTS**
Names and signatures of Senior Manager and Leadership Team representatives.

Name: _____
 Title: _____
 Date: _____
 Signature: _____

Name: _____
 Title: _____
 Date: _____
 Signature: _____

(B) Proposal to revise current AUP policy:

Policy name: _____

Policy number: _____

1. REASON FOR POLICY REVISION AND DESIRED RESULT
A concise summary of what the revision is meant to accomplish or fix and why.
2. PROPOSED REVISIONS
Clear description of the proposed changes, including new language, tracked edits, etc.
3. TIMELINE AND COMMUNICATION/IMPLEMENTATION PLAN
Describe steps for communicating and implementing the policy, including responsible parties.
4. ENDORSEMENTS
Names and signatures of Senior Manager and Leadership Team representatives.

Name: _____
Title: _____
Date: _____
Signature: _____

Name: _____
Title: _____
Date: _____
Signature: _____