

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
POLICY SUBMISSION TEMPLATE FORM**

Proposed Policy Title: _____

Originating Office/Department: _____

Contact Person: _____

Date Submitted: _____ **Policy ID:** _____

(i.e. Unit and/or Policy #)

Has this Policy, or a version thereof, ever been submitted in the past? Yes No
(If yes, please attach all prior submissions with a thorough justification as to why this submission is different and/or appropriate for additional consideration.)

Type of Policy *(please circle)*: New Policy Revision to Current Policy

Policy Applicable to Whom/What *(scope)*: _____

Justification for Proposed Policy: _____

Background of Policy: *(originating policy, revision, prior changes, does it supersede another, constituency involvement? If so, which one(s))* _____

ADDITIONAL REQUIRED SUPPLEMENTAL INFORMATION:

1. **Related Policies** *(All Related Policies, etc.; also Published in...)*
2. **Approval/Background Info** *(Any documentation recording a substantive act with regard to this proposed policy, i.e. creation, review, approval)*