

# University Policy Intent Form

Submit to the Office of Audit, Risk and Compliance Policy Management

msupolicylibrary@msu.edu for approval.

| **Select Policy Type** | **Policy Name** |
| --- | --- |
| [ ]  | Policy Adoption |
| [ ]  | Policy Revision |
| [ ]  | Policy Retirement |

| **Policy Title** |
| --- |
|  |

| **Authority Title**  |  **(If known at this point)** |
| --- | --- |
| **Approval Authority:** |  |
| **Responsible Executive:** |  |
| **Responsible Office:** |  |
| **Responsible Officer:** |  |
| **Policy Category:** |  |
| **Effective Date:** |  |
| **Last Review Date:** |  |
| **Next Review Date:** |  |

## **I. Reasons for the Policy Action:**

* Brief summary of relevant reasons for the policy action, whether a need for a new policy, revisions or the policy is obsolete and needs to be retired.
* Stakeholder Collaborations who you may be working with to create or revise the policy.