

# University Policy Submission Form

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

[msupolicylibrary@msu.edu](mailto:msupolicylibrary@msu.edu) for approval.

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

| **Policy Title** | **Responsible Office** | **Date of Submittal** |
| --- | --- | --- |
|  |  |  |

| **Authority Title** | **Name/Title** |
| --- | --- |
| **Approval Authority:** |  |
| **Responsible Executive:** |  |
| **Responsible Office:** |  |
| **Responsible Officer:** |  |
| **Policy Category:** |  |
| **Effective Date:** |  |
| **Last Review Date:** |  |
| **Next Review Date:** |  |

## I. Reasons for the Policy Action:

* Summary of relevant reasons for the policy action, whether a need for a new policy, revisions or the policy is obsolete and needs to be retired.
* Highlight key policy provisions/policy changes.
* You are required to submit a draft copy of the proposed policy, along with an accompanying supporting document if applicable.

## II. Background/Steps Completed:

* Summary of stakeholders consulted during the policy drafting and reviewing process. List the offices/units/groups/subjects or advisory committee members.

## III. Next Steps:

* Discuss any additional tasks or steps that may need to be completed for final approval.
* Attach Communication Plan



# University Policy Submission Form

### **SIGNATURE PAGE**

| **Responsible Office** | **Policy Name:** |
| --- | --- |
|  |  |

| **Authority Title** | **Name** | **Signature** | **Date (mm/dd/year)** | **Approval (Yes/No)** |
| --- | --- | --- | --- | --- |
| **Responsible Officer:** |  |  |  |  |
| **Responsible Executive:** |  |  |  |  |
| **OARC Policy Coordinator:** |  |  |  |  |
| **Approval Authority:** |  |  |  |  |



|  |
| --- |
| **NOTES/COMMENTS:** |
|  |