

# University Policy Submission 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** | **Responsible Office** | **Date of Submittal** |
| --- | --- | --- |
|  |  |  |

| **Authority Title**  | **Name and Date** |
| --- | --- |
| **Approval Authority:** | Senior administrator or governing body whose approval is required to adopt or revise a university policy |
| **Responsible Executive:** | University leader who is accountable for a specific policy. Responsible Executive may include the President, Executive Vice President, relevant Vice President, or other designated administrator to whom authority has been delegated. |
| **Responsible Office:** | University department, unit, college, or office accountable for a designated policy, including implementation, accuracy, routine review, and revision. |
| **Responsible Officer:** | Title in the Responsible Office that is responsible for developing or updating a specific policy and may respond to specific policy questions |
| **Policy Category:** | Type of category the policy will be listed under. Type of category the policy will be listed under the related catalog tab.  Category options are**:  Academics and Student Life; Administration and Operations; Ethics, Integrity and Compliance; Facilities and Safety; Finance; Health Services; Human Resources; Information Technology; Research and Outreach**.  |
| **Effective Date:** | Original date the policy posted on the University Policies website. Additional **History** below. |
| **Last Review Date:** | Date of the last policy review.  |
| **Next Review Date:** | Date of next scheduled review, 3 years but not to exceed 5 years from last 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* Summary of relevant reasons for the policy action, whether a need for a new policy, revisions or the policy is obsolete and needs to be retired.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 follow up steps that may need to be completed for final approval
* Attach Communication Plan



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### **SIGNATURE PAGE**

| **Responsible Office** | **Policy Name:** |
| --- | --- |
| Insert responsible office name  | Insert policy name |

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



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