POLICY REVIEW TRACKING FORM

Subject: Policy Review

Please complete this form after revising or proposing the creation/rescission of a policy statement.

Please contact policy@uhd.edu or x5012 with any questions you may have.

To: **Date:**

Policy #:   **Policy Title:**

Reason for Review: **Type of Review (Check one):**

    Proposing new policy   Full/scheduled process

    Proposing policy rescission   Expedited process (indicate **one**)

    Revising existing policy (indicate reason/s)

        Changes in SAM   Legal changes

        Changes in forms   Minor changes

        Changes in legislation   Housekeeping

        Organizational changes   Interim issuance

        Changes in process/procedure

        Other reason?

Who is responsible for implementing this policy?

What artifacts could be collected to show evidence of implementation?

Detail the revisions/ updates using bullet points, plain language, and complete sentences.

This language will be used in public policy communications.

More space is available on page 2.

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