

# UNT Dallas Policy Routing & Approval Form

## Policy Change

**INSTRUCTIONS:** Please attach the proposed policy revision or deletion, procedural change or new policy to this completed form and route to the appropriate offices for approval.

<b>GENERAL</b>		<b>DATE NEEDED BY:</b>			
Policy Title:		Policy Number:		Date Submitted:	
<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Procedure				Desired Effective Date:	
Requesting University Officer: Requesting Department: _____ Contact Person: _____ E-Mail: _____ Contact Information: Phone: _____ Fax: _____					
Policy Proponent/Owner (Responsible for administering the policy): _____  Contact Information: Phone: _____ Fax: _____ <input type="checkbox"/> Forwarded to _____, Member of Policy Committee Date: _____					

APPROVAL BY UNT DALLAS POLICY COMMITTEE			
Policy Committee Members	Date Reviewed	Approval	Reviewer's Signature
Elizabeth Giddens Ashley Spearman Gary Holmes		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> More information	
Comments _____ _____ _____			
<input type="checkbox"/> Forwarded to _____		Date: _____	

APPROVAL BY PROVOST (policies pertaining to academic affairs)			
Date Reviewed	Approval	Comments	Reviewer's Signature
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> More information needed		
Comments _____ _____			
<input type="checkbox"/> Forwarded to Additional Reviewer _____, by _____		Date: _____	
or			
<input type="checkbox"/> Forwarded to Human Resources by _____		Date: _____	

**APPROVAL BY VICE PRESIDENT FOR FINANCE AND ADMINISTRATION (policies not pertaining to academic affairs)**

Date Reviewed	Approval	Comments	Reviewer's Signature
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> More information needed		_____

Comments \_\_\_\_\_  
 \_\_\_\_\_

Forwarded to Additional Reviewer \_\_\_\_\_, by \_\_\_\_\_ Date: \_\_\_\_\_  
 or  
 Forwarded to Human Resources by \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW BY HUMAN RESOURCES**

Date Reviewed	Comments	Reviewer's Signature
_____		_____

Forwarded to Office of \_\_\_\_\_ Date: \_\_\_\_\_  
 General Counsel by \_\_\_\_\_

**APPROVAL BY OFFICE OF GENERAL COUNSEL**

Approval by the Office of General counsel indicates that the policy does not contain legally prohibited provisions, meets all legal requirements, and is not otherwise objectionable on legal, as opposed to business or administrative, grounds.

Is Board Approval Required:     No             Yes – If yes copy of signed Board Order must be attached.

Approved  
 Not Approved    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded to \_\_\_\_\_ Date: \_\_\_\_\_

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**PRESIDENT**

Adopted  
 Rejected

Signature: \_\_\_\_\_ Date: \_\_\_\_\_