

HOP POLICY SUBMISSION FORM

Name of Policy:				
Policy Number: Sponsoring Office or Department:				
Sponsor: phone:	email:			
Areas of the University Affected by this Policy (check as many as apply):				
☐ Academic Affairs	☐ Government Relations ☐ Health Affairs - Clinical			
☐ Business Operations	☐ Health Affairs - Chilical ☐ Health Affairs - Non-Clinical			
☐ Student Affairs	☐ Human Relations			
☐ Development/External Relations	Research			
□ Finance	☐ Risk Management			
□ Faculty	☐ Technology Transfer			
☐ Facilities	□ Other:			
Reason(s) for adopting or, if applicable, modifying this policy:				
What stakeholders (department, school, other university groups) were consulted in the development of this policy or revision?				
Identify any existing UT Dallas policies that might require modification or might need to be rescinded when this is adopted.				
Identify and provide URLs for any policies, regulations, or laws from UT Dallas, UT System, State of Texas, or Federal that were relied upon in developing this policy or revision:				

shoul	d the policy be listed? (check as many as apply):	
	Academic/Faculty	General Administration
	Development	Human Resources
	Environmental Health and Safety	Information Technology
	Facilities	Research
	Financials	Student Life

Under which of the HOP website categories that best describes the content of this policy