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):

☐ Administration ☐ Government Relations
☐ Academic Affairs ☐ Health Affairs - Clinical
☐ Business Operations ☐ Health Affairs - Non-Clinical
☐ Student Affairs ☐ Human Relations
☐ Development/External Relations ☐ Research
☐ Finance ☐ Risk Management
☐ Faculty ☐ Technology Transfer
☐ Facilities ☐ Other: __________________
☐ Governance

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Identify any existing UT Dallas policies that might require modification or might need to be rescinded when this is adopted.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:

12/3/2019
Under which of the HOP website categories that best describes the content of this policy should 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

12/3/2019