

UT Dallas – Policy Submission Form

Name of Policy:	
Policy Number:	Date Submitted:
Name of Policy Sponsor:	Phone:
Email:	
Sponsoring Office or Department:	
Areas of the University Affected by this Policy	(check as many as apply):
\square Administration	☐ Government Relations
☐ Academic Affairs	\Box 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, modifying, or rescinding this policy. If the policy is being rescinded, identify where the content should go or why it is no longer relevant:

What stakeholders (department, school, other university groups) were consulted in the development of this policy or revision?		
☐ Academic Senate	If not, why?	
☐Staff Council	If not, why?	
Other:		
Identify any existing rescinded when this	UT Dallas policies that might require modification or might need to be is adopted.	
• •	URLs for any policies, regulations, or laws from UT Dallas, UT System, deral that were relied upon in developing this policy or revision:	
Under which of the as apply):	HOP website categories should the policy be listed? (Check as many	
☐ Academic/Fa	culty	
□Development		
□Environment	al Health and Safety	
□Facilities		
\Box Financials		
☐General Adm	inistration	
☐Human Resou	urces	
☐ Information T	echnology	
□Research		
☐Student Life		