



University Compliance, Ethics, and Risk Office

UNIVERSITY OF CENTRAL FLORIDA

University of Central Florida Draft Policy Submission Cover Memo Form

Policy No. and Title: _____

Initiating Authority: _____

Initiating Authority Approval Date: _____

Date of Submission for Review: _____

Submitted by: _____

Department: _____

New Policy

Existing Policy (5-year Review)

Existing Policy (Out of Cycle Review)

Summary of Revisions:

(For a new policy, please provide a summary of the policy. For an existing policy, please provide a summary of the revisions made to the policy.)

Stakeholders included in the Review Process:

(Provide a list of departments involved in the review/revision process.)

Stakeholder feedback must also be requested from the [Faculty Senate](#) and the [College Policy Liaisons](#). By checking the boxes below, you are confirming that feedback from these groups was requested, received, and considered in the draft policy.

College Policy Liaisons Faculty Senate

Regulatory Requirements (if applicable):

(Provide information on regulatory requirements pertaining to the policy, including specific statute or regulation number.)

Presenters:

(Provide the name(s), position title(s), and email address(s) for all individuals who will be presenting the policy to the university’s Policies and Procedures Committee.)