

GOVERNORS STATE UNIVERSITY

EDUCATIONAL POLICY APPLICATION, REVIEW, AND APPROVAL FORM

Title and Number of Policy

New Date Requested _____ Requested By _____
Attach proposed new policy statement and Rationale

Revision Date Requested _____ Requested By _____
Attach existing policy with proposed revisions indicated (e.g., tracking, highlights) and Attach Rationale

Recommended by Educational Policy Committee:

Signature _____ Date _____

Recommended by Faculty Senate:

Signature _____ Date _____

ADMINISTRATIVE ACTION:

Provost: _____ Recommends _____ Rejects _____

Comments: _____

Signature _____ Date _____

President: _____ Approves _____ Rejects _____

Comments: _____

Signature _____ Date _____

Effective Date _____