



Received by: _____
Date _____
Via: campus mail / hand-delivery / e-mail

**Policy Routing Form**

Please complete this form and submit it to the Office of Legal Affairs. Completed forms and supporting documentation will be forwarded to the Policy Review Committee (PRC). For questions about this form or the ASU Policy Development & Adoptions Procedures, contact the Office of Legal Affairs at 229-430-0577.

**Policy Initiator:** \_\_\_\_\_

**Submission Date:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Request Type (select one):**

Revision to an Existing Policy (attach existing policy)

Creation of a New Policy (attach drafted policy)

**Reason for Request (select all that apply):**

Attach documentation supporting the reason for a revision to an existing policy or creation of a new policy.

New Initiative

Changes to Law

Accreditation Requirement

Other \_\_\_\_\_

**Expedited, Emergency or Interim Policies (if applicable):**

The ASU Policy Development & Adoptions Policy, Section 6, states that expedited, emergency or interim policies may be justified under special circumstances, including, but not limited to: the health and welfare of the university community, regulatory requirements which mandate a time-sensitive compliance deadline, cases involving university liability, advice of legal counsel, or other fully defined emergency situations. If you are requesting that your proposal be reviewed under one of the above-mentioned special circumstances, please provide your rationale below and attach supporting documentation.

**Constituent Groups: (if applicable)**

List the constituent group/s that reviewed the proposed policy as an informational item.

Please provide comments below. If more space is needed, please use an additional sheet of paper.

---

**Shared Governance Body (if applicable):**

Please provide comments below. If more space is needed, please use an additional sheet of paper.

Faculty Senate

Chair's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Council

Chair's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Government Association

President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Shared Governance Body's Comments:

---

**University Administrator's (required):**

The endorsement and signature of the area Vice President/s is required before submission to the PRC.

Please provide comments below. If more space is needed, please use an additional sheet of paper.

Provost & Vice President for Academic Affairs

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Senior Vice President for Administration

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vice President for Enrollment Management

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vice President for Student Affairs

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vice President for Information Technology Services/CIO

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

University Administrator's Comments:

---

**Policy Review Committee (PRC):** The PRC's must review all ASU policy proposals.

Please provide comments below. If more space is needed, please use an additional sheet of paper.

Policy Review

Approved

Not Approved

Date: \_\_\_\_\_

Additional Review (if needed)

Approved

Not Approved

Date: \_\_\_\_\_

Is a review by the President's Executive Cabinet needed?

Yes

No

PRC Chair or designee:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRC Comments:

---

**President's Executive Cabinet:** Please provide comments below. If more space is needed, please use an additional sheet of paper.

Policy Review

Approved

Not Approved

Date: \_\_\_\_\_

Additional Review (if needed)

Approved

Not Approved

Date: \_\_\_\_\_

President or designee:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

President's Executive Cabinet Comments:

---

**For Office of Legal Affairs Use Only:**

Assigned Policy Classification/Number: \_\_\_\_\_

Date of University-wide Publication: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_