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| --- | --- |
| **Policy Title: Click here to enter text** | **Effective Date: Enter Date** |
| **Policy Number: Coordinator will assign** | **Date of Last Review: Enter Date** |
| **Oversight Department: Click here to enter text** | **Next Review Date: Enter Date** |

1. **PURPOSE**

Click here to enter policy name (italicized), text on subject of the policy, and what it is trying to accomplish, in one or two brief sentences, if possible.

1. **APPLICABILITY**

Click here to enter text- To whom does the policy apply (board members, administrators, faculty, staff, students, visitors, etc.)?

1. **DEFINITIONS**

Click here to enter text on words that might be confusing, have different possible meanings, or are being used in a specific way.

1. **POLICY**

Click here to enter text-Each policy statement should be phrased separately in paragraph outline format (A, B, C, etc.) of one sentence, if possible.

1. **PROCEDURES**

Click here to enter text-Each procedure statement should be phrased separately in paragraph outline format (A, B, C, etc.) of one sentence, if possible.

1. **EXCLUSIONS**

Click here to enter text.

1. **APPENDICES**

Click here to enter text.

1. **REFERENCES**

Click here to enter text.

1. **INTERPRETATION**

Authority for interpretation of this policy rests with the Provost and Vice-President of Academic Affairs.

1. **APPROVALS**

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Provost Date