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**POLICY APPROVAL FORM**

This form must accompany ALL requests for new Fort Valley State University policies or for revisions to be made to an existing policy. Please attach the new or revised policy with changes tracked.

**New or Revised Policy?** **[ ]** New [ ]  Revised

**Reason for New Policy or Requested Revision (check all that apply)**

[x]  New Initiative [ ]  Changes to Law [ ]  Accreditation Requirement [ ]  Other:

**Rationale:**

|  |  |  |
| --- | --- | --- |
| **Title of Policy:**  | **Subject Matter/Applies to:** | **Area (VP/Div):** |

As the responsible AUTHORIZED SIGNATORY for the Policy’s requesting department, I certify that I have discussed this policy addition/change with the appropriate employees and believe the change is in the best interest of Fort Valley State University.

**REVIEWED BY:**

|  |  |  |
| --- | --- | --- |
| **Next level Approval (Chair/Dean/VP):**  | **Signature:** | **Date:** |
| **Compliance/Legal:**  | **Signature:** | **Date:** |
| **Cabinet Review:** | **DATE:**  |  |

**Return this completed form to Legal Affairs and Risk Management with a copy of the Policy and the completed Policy Routing Form.**