THE UNIVERSITY OF TEXAS AT DALLAS

UT Dallas – Policy Submission Form

Name of Policy: _____

Policy Number: _____ **Date Submitted:** _____

Name of Policy Sponsor: _____ **Phone**: _____

Email: _____

Sponsoring Office or Department: _____

Areas of the University Affected by this Policy (check as many as apply)**:**

- ☐ Administration
- ☐ Academic Affairs
- ☐ Business Operations
- ☐ Student Affairs
- ☐ Development/External Relations
- ☐ Finance
- ☐ Faculty
- ☐ Facilities
- ☐ Governance
- ☐ Government Relations
- ☐ Health Affairs - Clinical
- ☐ Health Affairs - Non-Clinical
- ☐ Human Relations
- ☐ Research
- ☐ Risk Management
- ☐ Technology Transfer
- ☐ Other: _____

Reason(s) for adopting, modifying, or rescinding this policy. If the policy is being rescinded, identify where the content should go or why it is no longer relevant:

What stakeholders (department, school, other university groups) were consulted in the development of this policy or revision?

☐Academic Senate If not, why? _____

☐Staff Council If not, why? _____

Other:

Identify any existing UT Dallas policies that might require modification or might need to be rescinded when this is adopted.

Identify and provide URLs for any policies, regulations, or laws from UT Dallas, UT System, State of Texas, or Federal that were relied upon in developing this policy or revision:

Under which of the HOP website categories should the policy be listed? (Check as many as apply):

☐Academic/Faculty

☐Development

☐Environmental Health and Safety

☐Facilities

☐Financials

☐General Administration

☐Human Resources

☐Information Technology

☐Research

☐Student Life