

HENDERSON STATE UNIVERSITY POLICY CHANGE PROPOSAL

Level Impacted: Undergraduate Level Graduate Level

Proposal # _____
(If submitting multiple proposals)

Section I. General Information

Dept./Program Submitting Proposal: _____

Contact Person: _____

Requested Implementation Date (Semester & Year): _____

Reasoning Behind Policy Change being needed:

Existing Policy:

Proposed New Policy:

Endorsed By: _____ **Date:** _____
Department Chair/Administrator

Dean or Director **Date:** _____

Section II. Detailed Description of Proposed Policy

(Statements from departments potentially affected by the proposal must be attached, along with any other supporting material.)

1. **Policy Title:** _____

2. **Revised Policy wording for Catalog:**

3. **Does this change alter how the policy supports the mission of the University?**

4. **Does this change alter how the policy supports the strategic plan?**

5. **What is the need for this change (supported by externally or internally derived data)?**

6. **Will this change alter the policy's impact on campus resources?**

7. **Will this change alter the relationship of the policy to other existing policies/programs/areas? If applicable, describe how the policy change may affect other departments or units. Statements from departments potentially affected by the proposal must be attached, along with any other supporting material.**