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University Policy Process New Policy Issuance Approval Signatures

Name (and #) of Policy: [insert name of policy] Person(s) Submitting Policy: [insert name(s), contact info] Responsible Office: [insert office]

Summ	ary	of m	ajor	policy	point	s:
[insert	bull	eted	list o	f key p	oints	

Groups, offices, and positions/individuals consulted during policy review: [insert those involved] **Responsible Office Policy Coordinator Review:** Date Signature Title Legal Affairs Review: Signature Title Date **Approval of Responsible Executive:** Signature (Vice President, Vice Provost, Provost) Date **Approval of Responsible Executive:** Signature (Senior Vice President/Provost) Date **Endorsement of Senior Management Council** (attach meeting agenda, cover sheet, or other document): Signature Title Date Approval of President's Cabinet (attach meeting agenda, cover sheet, or other document): Signature Title Date **Policy Director Review:** Signature Date When required and applicable, approval of Board of Trustees (if applicable, note resolution number, approval date, and attach certified resolution from BOT office): Resolution Number Date