



University Policy Process Policy Retirement Approval Signatures

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

_____ This policy is being eliminated.

_____ This policy is being eliminated and its content will now be addressed through: [insert document title and URL if applicable]

For these reasons: [insert reasons]

Responsible Office Policy Coordinator Review:

Signature Title Date

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