



University Policy Process Policy Transfer 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 has been transferred to: [insert unit]

For these reasons: [insert reasons]

Responsible Office Policy Coordinator Review:

Signature Title Date

Legal Affairs Review:

Signature Title Date

Approval of *Initiating* Responsible Executive:

Signature Vice President Date

Approval of *Initiating* Responsible Executive:

Signature Senior Vice President/Provost Date

Approval of *Receiving* Responsible Executive:

Signature Vice President Date

Approval of *Receiving* Responsible Executive:

Signature Senior Vice President/Provost Date

Policy Director Review:

Signature Date