



Policy Approval/Review Form

This form is used for the approval, amendment, removal or review of a Gordon State College policy. Once authorized with the President's Signature, the policy will be posted to the Gordon State Website. This approval form will be filed in the Office of the President with Cabinet minutes noting approval.

Policy Title *	
Department/Organization	
Policy Editor	
Request Type	New ☐ Amended/Edited ☐ Removed ☐ Reviewed Only ☐

OBJECTIVE (Briefly state your purpose.)

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RESOURCES AND CONSULTATION (Briefly describe the resources (i.e. website, link) used in developing, amending, removing, or reviewing the policy. Include names of other individuals who assisted with this change.)

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COMMUNICATION PLAN (Identify how information about how the policy will be communicated to the college as well as training plans if applicable.)

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Authorizations

Chair/Dean/or Supervisor Signature and Date: _____

Cabinet Sponsor (VP) Signature and Date: _____

President Signature and Date: _____

***Policy Template must be submitted with this form.**



POLICY TEMPLATE

A separate "Policy Approval/Review Form" must be included with any policy submissions to Cabinet.

Policy Name:				
Responsible Cabinet Member:		New		
Responsible Office:		Amendment/Revision		
Contact:		Review Only		

1. Policy Statement

2. Reason for Policy

3. Who Should Read this Policy

4. Resources

Please see attached.

5. Definitions

6. The Policy (or “See Attached”)