

## Policy Cover Sheet

**NOTE:** This form should be completed prior to introducing a new policy or a policy with **significant** revisions to the Policy Advisory Committee as the official cover sheet to accompany the policy through the policy review process. Please consult [Administrative Policy MAPs 01.A.01](#) for additional information or email [ZellnerS@uhcl.edu](mailto:ZellnerS@uhcl.edu) with questions.

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**Area:**

(Please mark one)

Academic Affairs & Provost  
Administration & Finance  
Student Affairs  
UHCL Pearland

University Advancement  
Strategic Planning  
Strategic Enrollment Management

**Policy Title:**

(If existing policy, link old policy and include policy number)

(Select One)

**Review Requested:**

New Policy  
  
Revision to Existing Policy  
  
No Changes - 3 or 5 year review

**Responsible Person /  
Subject Matter Expert:**

**Contact No:**

**Requested by (date):**

**Date Submitted:**

**Rationale for new  
policy / revision to  
existing policy (attach  
more pages as needed)**

**ATTACHMENTS:**

MS Word Version of the Policy  
or Red line Version for a revision

[Attachment A – Table of  
Changes](#) (For existing policies  
only)

**POLICY CHECKLIST:**

**VP Review**

**Date Submitted:**

**General Counsel Review** (Policy must be  
emailed by VP with ZellnerS@uhcl.edu cc'd)

**Date Submitted:**

**PAC Review**

**Date Submitted:**