



CONTACT INFORMATION (required)		
uester: Date:		
Department: Phone:		
E-mail:		
POLICY INFORMATION		
Nature of Request: Select one □ Review of Existing Policy □ Modification of existing policy □ Creation of New Policy □ Deletion of an existing policy		
Policy Name: (Please provide a working title when requesting a new policy)		
Policy Category: Select one □ Academic & Student Affairs □ Employment □ Governance □ Operations		
 RATIONALE/CONTEXT/HISTORY Describe in detail why a new policy, modification, or deletion of an existing policy is required. Provide as much specific information as you can, including: If a new policy, describe the issues that have led to the need for a policy. If a modification or deletion of an existing policy, describe the issues that have arisen to justify the need for revisions or deletion. Cite relevant FNUniv policies, Board policy directions, external legislation, codes, etc. Provide a history of the development or revision of the policy 		
PROCESS/CONSULTATION Describe the process that has been used or will be used to develop or modify the policy, including consultation that has occurred or should occur: research internal to FNUniv, research of other universities' policies, meetings with individuals and groups, identification of best practices, etc. Provide as much specific information as you can.		
TIMING Is there time sensitivity to the development or review process for this policy? If so, please explain.		
ATTACHMENTS List all attachments included with this request.		
Please email form (in Word.doc) and attachments to the Board Secretary (lfrancis@fnuniv.ca) and retain a copy for your records		
To revise an existing policy/procedure, contact the Board Secretary to obtain a copy for editing. To create a new policy, download template online at http://www.fnuniv.ca/img/uploads/about/FNUniv-PolicyTemplate-revised_Jan_2017.pdf . To create a new procedure statement, download template online at http://www.fnuniv.ca/img/uploads/about/New_Policy-Procedure_Statement_Template.pdf		

TO BE COMPLETED BY THE BOARD SECRETARY		
Date request received:		
Recommendation: Select one		
☐ No policy required	☐ New Policy required	
☐ Policy revision required	☐ Proceed with deletion	
Authority: Select one		
☐ Board of Governors		
☐ President		
Responsible Executive: Select one		
☐ Board of Governors	☐ Director, Finance	
☐ President	□ Other	
□ VP Academic		
Comments:		