

MISSISSIPPI UNIVERSITY FOR WOMEN
Transmittal Sheet for Policy Statements

PART I: To be completed by initiator or reviewer of policy and forwarded to appropriate President's Cabinet Member for submission. Refer to P.S. 1000, Sec. 1.01 and Sec. 3.01.

Date: _____ Policy Statement status: New Editorial _____
 Revision of P.S. # _____
 Cancellation of P.S. # _____

Title of policy: _____

Originator: _____

Reviewer: _____

Submitted by: _____
President's Cabinet Member _____ Date _____

PART II: To be completed by Administrative Council. Refer to P.S. 1000, Sec 3.02 through Sec 3.04.

Accepted
 Refused: Reason(s) _____

Signature: _____ Date: _____
CAO, Chair of Administrative Council for Policy Review purposes

Date of campus notification: _____ Review process ends: _____

PART III: To be completed by each review body. Refer to P.S. 1000, Sec 3.05.

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic Council | <input type="checkbox"/> Approves | <input type="checkbox"/> Approves pending recommended changes |
| <input type="checkbox"/> Council of Chairs | <input type="checkbox"/> Disapproves with written rationale | <input type="checkbox"/> Disapproves with written rationale |
| <input type="checkbox"/> Director's Council | <input type="checkbox"/> Approves | <input type="checkbox"/> Approves pending recommended changes |
| <input type="checkbox"/> Faculty Senate | <input type="checkbox"/> Disapproves with written rationale | <input type="checkbox"/> Disapproves with written rationale |
| <input type="checkbox"/> President's Cabinet | <input type="checkbox"/> Approves | <input type="checkbox"/> Approves pending recommended changes |
| <input type="checkbox"/> Staff Council | <input type="checkbox"/> Disapproves with written rationale | <input type="checkbox"/> Disapproves with written rationale |
| <input type="checkbox"/> Student Government Association | <input type="checkbox"/> Approves | <input type="checkbox"/> Approves pending recommended changes |
| <input type="checkbox"/> Diversity Equity and Inclusion Council | <input type="checkbox"/> Disapproves with written rationale | <input type="checkbox"/> Disapproves with written rationale |

Changes/Rationale: _____

PART IV: To be completed by the Administrative Council. Refer to P.S. 1000, Sec. 3.05.

Date received by Administrative Council: _____

Complies with IHL Policy _____

Recommended for approval by Administrative Council Date forwarded to the President: _____

Signature: _____
CAO, Chair of Administrative Council for Policy Review purposes

PART V: To be completed by the President. Refer to P.S. 1000, Sec. 3.05 through Sec. 3.06.

- Approved
 Disapproved
Rationale: _____
 Conditional approval with recommended changes (recommendations for change attached)

Signature: _____ Date _____
President _____