MICHIGAN TECHNOLOGICAL UNIVERSITY

Policies and Procedures

Form 1.01.1.2 Policy Template

Once the template is complete, electronically forward to policy@mtu.edu.

**Policy Number:** *(Will be assigned by policy coordinator)*

**Title:** *(Title of Policy)*

[Enter your text here. Required.]

**Effective:** *(Effective Date of Policy, ex: MM/DD/YYYY)*

[Enter your text here. Required.]

**Senate Proposal:** *(No/Yes. Indicates whether or not the policy originated from a University Senate proposal. If yes, the policy requires Senate approval for changes to the policy.)*

[Enter your text here. Required.]

**Responsible University Officer:** *(Title of the University officer (provost, vice president) responsible for implementing the policy and ensuring necessary procedures and guidelines are developed.)*

[Enter your text here. Required.]

**Responsible Office:** *(Name of University office with responsibility of implementation of the policy.)*

[Enter your text here. Required.]

Policy Statement

*(A well-articulated, authoritative expression of philosophy and direction. Does not change frequently.)*

[Enter your text here. Required.]

Policy Requirements

*(Required elements for any procedures supporting the policy.)*

[Enter your text here. Required.]

Purpose

*(Provide background information for the need and result of the policy.)*

[Enter your text here. Required.]

Scope

*(Information regarding who is affected by this policy, and which departments or individuals should especially be aware of its contents)*

[Enter your text here. Optional]

Related Policy Information

*(Include here any supporting information for this policy.)*

[Enter your text here. Optional.]

Exclusions

*(Exclusions (groups of individuals, funding, etc.) to the policy – if none, it is assumed that the policy applies across the University.)*

[Enter your text here. Optional..]

Contacts

|  |  |  |
| --- | --- | --- |
| *(Individuals who can be contacted regarding the policy. Example: Individual Title and/or Department Name 1)*  [Enter your text here. Required.] |  | 487-XXXX |
| *(Individual Title and/or Department Name 2, if applicable)*  [Enter your text here. Optional.] |  | 487-XXXX |

Definitions

*(List unique terms, which by being defined, add to the reader’s understanding of the policy.)*

[Enter your text here. Required.]

***(Word and/or Phrase to Be Defined)*** – (Define the word and/or phrase to eliminate reader interpretation.)

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Responsibilities

*(Individual areas of responsibility followed by the function to be performed.)*

[Enter your text here. Required.]

***(Title/Department of Responsibility 1)*** – (State their responsibilities).

***(Title/Department of Responsibility 2)*** – (State their responsibilities).

Continue until all the various employees and/or department’s responsibilities are listed.

Procedures

*(List of procedures that directly support this policy Ex.: Procedure 2.1101.1 Establishing and Creating University Policy.)*

In support of this policy, the following procedures are included:

|  |  |  |
| --- | --- | --- |
| Procedure: | 2.XXXX.X | (Policy Title) |
|  |  |  |

Forms

*(The forms and associated instructions that are used in direct support of the policy.)*

In support of this policy, the following forms/instructions are included:

|  |  |
| --- | --- |
| Form: | (Form Name) |
| Instructions: | (Title of Instruction) |

Appendices

*(Any lengthy or complex reference information that would disrupt the flow of the other sections.)*

History

Adopted: mm/dd/yyyy Approved by appropriate executive team member

Revised: mm/dd/yyyy Brief description of changes made.