Policy Justification Form

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| Requested by: | | Date: | |
| Contact information | Email: | | Phone: |
| New Policy | | Revised Policy | |
| Proposed title of new policy: | | Title of current policy: | |
| Signature by dean, chief officer, BOT chair: | | | |

For a **new policy**, please explain why this policy is being established. When possible, state the authority by which this policy is being established (e.g. US Department of Education, Revised Code of Washington, or Commission on Osteopathic College Accreditation). If possible, provide link to such law, regulation, or other compliance authority.

For a **revised policy**, please explain why the policy is being revised—reason for update/revision. Indicate specific differences between the old and new policy. For minor word changes, provide document track changes in electronic version of current policy.