NeSCC Policy Cover Sheet

|  |  |
| --- | --- |
| Date: |   |
| Policy Number: |  |
| Policy Name: |  |
| Name of Person Submitting Policy for Review |  |
| If you are recommending revisions to a **current policy,** detail the substantive changes below. |
|  |
| If you are recommending a **new policy,** detail the nature of the policy below. |
|   |

**The new policy/proposed change(s) were shared with key personnel/departments impacted by the policy (add rows as needed)**

Name Title

|  |  |
| --- | --- |
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|  |  |

***Preliminary Administrative Approvals***

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| **Initiator** |  |  |
| **Supervising Vice President** |  |  |
| **Equity and Compliance** |  |  |

***Presidential Disposition***

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| **[ ]  Approved 󠄣** **[ ]  Not Approved** |  |  |