

**APS JUSTIFICATION**

**Policy Title:** Insert Title Here

**APS Number:** Assigned by OPE **APS Functional Area: Assigned by OPE**

**Date Submitted:** Insert date justification page is submitted to OPE.

**Proposed Action:**  Insert whether new, revision, or rescission.

**Brief Description:** Insert brief summary and purpose of the policy here.

**Desired Effective Date:** Insert date policy or revision to take effect.

**Responsible University Officer:** Insert title only of responsible university officer here.

**Responsible Office:** Insert name of responsible office/department here.

Policy Contact: Insert primary policy contact information here.

**Applies to:** Specify who the policy applies to here.

**Reason for Policy:** Insert brief reason for policy here. (For example – to comply with state or federal law; or to implement Regent Law.)

1. **REASON FOR PROPOSED ACTION**

Insert here.

1. **STAKEHOLDER ENGAGEMENT IN THE POLICY REVIEW**

List stakeholders here.

1. **LEGAL REVIEW**
	1. Do you think legal review would be required for these proposed changes?
		1. If no, please explain.
		2. If yes, what is your plan to get the legal review?
	2. Date legal review completed:
	3. Person completing legal review:
2. **FISCAL REVIEW**

Are there any financial (human resources, technology, operations, training, etc.) or other resource impacts of implementing this policy (e.g., cost savings, start-up costs, additional time for faculty or staff, new systems, or software)? If yes, please explain: