LEWIS CLARK
STATE COLLEGE

POLICY APPROVAL TRACKING FORM

Click for Instructions

Policy No:	**Policy Name:**
Leave blank if new	

Policy Status: New   Revision   Deletion of Policy

Point of Contact for Policy (Division/Department/Name):

Area of Responsibility: President   VPSA   VPAA   VPFA   VPIRE

REVIEWS AND APPROVALS ARE BELOW

LEGAL REVIEW: N/A   Required   Date Complete:

SBOE APPROVAL: N/A   Required   Submitted Date: Approval Date:

FACULTY SENATE REVIEW: N/A   Required

Date of Full Senate Approval:

Faculty Senate Chair Signature: Date Sent to VP for Academic Affairs:

COORDINATING OFFICES: *Please type your name under where you sign.*

VICE PRESIDENT REVIEW:	Approved	Revision Suggested	Not Approved	Signature
VP for Academic Affairs				
VP for Student Affairs				
VP for Finance and Administration				
VP for Institutional Research and Effectiveness				

PRESIDENT APPROVAL: Approved   Not Approved

Signature: