

**JACKSON STATE UNIVERSITY**  
**POLICY DATA AND SUBMISSION FORM (Must Attach Complete Data Form with Policy)**

Date (mm/dd/yyyy): \_\_\_\_\_

**New Policy:** \_\_\_\_\_ **Review/Revise Policy:** \_\_\_\_\_

Administrative Division/College: \_\_\_\_\_

Department/Unit: \_\_\_\_\_ Org Code: \_\_\_\_\_

Policy Point of Contact:

POC Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Director/Chair: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dean Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

VP Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved by: Director: \_\_\_\_\_ Chair: \_\_\_\_\_ Dean: \_\_\_\_\_ Provost: \_\_\_\_\_ VP: \_\_\_\_\_ Executive Cabinet: \_\_\_\_\_

Approved by President: \_\_\_\_\_ Date of Final Approval \_\_\_\_\_

**Status of Policy:** Draft: \_\_\_\_\_ Under Review: \_\_\_\_\_ Approval Pending \_\_\_\_\_ Executed: \_\_\_\_\_ Published: \_\_\_\_\_

**POLICY INFORMATION**

Policy Name	Provide policy name	
Policy Description:	Provide a brief one or two sentence description of this policy. Use next page if more space is required.	
Policy Number:	Your policy number is a combination of your six digit organization code followed by a decimal and the number assigned to the policy (ex. <b>11200.001</b> , 11200.002, etc.)	
Administrative Division:	Please provide the governing administrative Division or College.	
Unit:	Provide the specific departmental unit for this policy.	
Effective Date:	When does the new or revised policy take effect?	
Keywords:	Provide keywords specific to your policy that will make your policy easily searchable.	
People Affected (ex. Students, Faculty, Staff, Vendors, Alumni University community)	Does your policy affect a certain group of individuals? Please list all that apply.	

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**POLICY INFORMATION - CONTINUED**

<p><b><u>Policy Name:</u></b></p>	<p><b><u>Policy Number:</u></b></p>
<p><b><u>Policy Description:</u></b>  If needed, use next column to complete one to two sentence policy description.</p>	
<p>If applicable, list name of committee(s) that reviewed this policy.</p>	<p>1. _____ 2. _____</p>
<p>Provide all prior dates of review and/or revision of this policy:</p>	<p>Reviewed: _____ Revised: _____ Reviewed: _____ Revised: _____</p>
<p><u>List other related policy numbers:</u></p>	<p>Policy #: _____ Policy #: _____ Policy #: _____ Policy #: _____</p>
<p><u>Additional Comments:</u></p>	
<p>Form Completed By:</p>	<p>[Print Name]  Name: _____ J#: _____ Work #: _____ Email: _____</p>
<p>FOR DEPT. USE  By: _____ Reviewed: _____ Approved: _____ Date Approved: _____ Initials _____ / _____</p>	<p>FOR INTERNAL USE ONLY:  Dept. _____ Date Received: _____ By: _____ Date Approved: _____ Approved By: _____ Comments: _____ _____</p>