THE UNIVERSITY of TEXAS SYSTEM
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OFFICE *of* GENERAL COUNSEL

Policy Review Form

To clarify and expedite the review process for policies that require UT System review, such as rules and regulations in the Handbook of Operating Procedures, this form is to be completed and submitted any time a UT System institution forwards a policy for review to the UT System administration. PLEASE COMPLETE ONE FORM PER POLICY SUBMITTED.

Policies submitted for review must be electronically attached to this form and provided in Word or another format that can be edited electronically. Proposed amendments to existing policies must show the changes between the existing and proposed versions using Track Changes or a similar program. (In instances when a policy is significantly rewritten, if it is clearer than tracking changes, simply provide a clean copy of the rewritten policy and a copy of the original policy.)

1. INSTITUTION: [   ] (Select from Drop-Down)

2. POLICY NUMBER AND TITLE: [   ]

3. POLICY AREA(S):

○ Academic Affairs   ○ Faculty   ○ Human Relations

○ Administration   ○ Finance   ○ Research

○ Business Operations   ○ Governance   ○ Risk Management

○ Development/External Relations ○ Government Relations ○ Student Affairs

○ Facilities   ○ Health Affairs - Clinical ○ Technology Transfer

                            ○ Health Affairs - Non-Clinical

○ Other: [   ]

4. DATE SUBMITTED: [   ]   REQUESTED DEADLINE: [   ]

Explain any deadline or time frame issues: [   ]

5. THIS IS A: ○ New Policy   ○ Revision to Existing Policy (Attach copy of existing policy.)

6. BRIEFLY EXPLAIN the reason for adopting or, if applicable, modifying this policy: [   ]

7. IDENTIFY and provide COPIES of OR LINKS to any policies, regulations, or laws that were relied on in developing this policy or revision: [   ]

8. INPUT: Note if input was obtained from the following governance bodies in accord with Sections 4.9(a) and (b) of Regents' *Rules and Regulations*, Rule 20201 and Rule 40101:

   ○ Faculty   ○ Staff   ○ Student

   If input was not obtained, please explain:

9. REVIEW AND APPROVAL: Indicate who has reviewed and approved this policy.

10. LEGAL REVIEW: If this policy was reviewed by institutional legal counsel, please provide contact information.

   Name: _____   Phone No.: _____

   Email: _____

11. POLICY COORDINATOR CONTACT INFORMATION:

   Name: _____   Phone No.: _____

   Email: _____

12. ADDITIONAL CONTACTS: Provide contact information for other persons knowledgable about the development and content of the policy who may be contacted if needed:

   Name: _____   Title: _____

   Email: _____   Phone No.: _____

   Name: _____   Title: _____

   Email: _____   Phone No.: _____

   Name: _____   Title: _____

   Email: _____   Phone No.: _____

13. OTHER INFORMATION: Provide any other comments or information that may assist in the review and approval of this policy.

QUESTIONS OR INQUIRIES ABOUT THE SUBSTANCE OR STATUS OF THE REVIEW OR APPROVAL OF THIS POLICY SHOULD BE DIRECTED TO:

FOR ACADEMIC INSTITUTIONS:
   Office of Executive Vice Chancellor for Academic Affairs
   srevisore@utsystem.edu or (512) 499-4234

FOR HEALTH INSTITUTIONS:
   Office of General Counsel
   OGC_Intake@utsystem.edu or (512) 499-4462